Application for Employment: WILLMAR MUNICIPAL UTILITIES

We welcome you as an applicant for employment with the **Willmar Municipal Utilities (WMU)**. It is the WMU's policy to provide equal opportunity in employment. Attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please submit application to Janell Johnson at jiohnson@wmu.willmar.mn.us or mail to **Willmar Municipal Utilities**, **PO Box 937**, **Willmar**, **MN 56201**. Note: Pre-employment drug/alcohol testing along with a complete background check (criminal) will be conducted after a conditional offer of employment has been made to the qualified applicant.

| Name: (Last) | (First) | (MI) | |
|---|---------------------------------|------------------------------|--------------|
| Street Address | | | |
| City, State, Zip | | | |
| Phone Number | | Alternate Ph | one |
| Email | | | |
| Please print in INK or type | when completing this app | lication | |
| Title of position applying for: | | | |
| Are you legally eligible to wo | ork in the United States in the | e position for which you are | applying? |
| Proof of citizenship or work eligibility will be required as a condition of employment. | | | |
| Are you at least 18 years old? □ Yes □ N | | | □ Yes □ No |
| Educational Information | | | |
| Circle the highest grade co | mpleted | | |
| 12345678 | 9 10 11 12 GED | 13 14 15 16 | MA MS PHD JD |
| Grade School | High School | College/Technical | Graduate |
| Did you graduate: | ☐ Yes ☐No | □ Yes □No | □ Yes□No |
| (Please check) | High School | College/Technical | Graduate JD |
| School Name | Address | Course of study | Degree |
| High School: | | | |
| College: | | | |
| Graduate School: | | | |
| Technical/Vocational: | | | |
| Other: | | | |

List any other credentials such as training, current licenses, registrations or certificates you possess which may be related to this position:

Employment Experience

List present or most recent employer first. Please note "see resume" is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application.

| Company | Name of last supervisor | Hrs/Week |
|--|-------------------------|-----------------|
| Address | Start Date | Starting Salary |
| City, State, Zip | End Date | Final Salary |
| Phone Number | Last job title | |
| Reason for leaving (be specific): | <u> </u> | |
| Describe your work in this job: | | |
| | | |
| | | |
| | | |
| May we contact this employer? ☐ Yes | □No | |
| | | |
| Company | Name of last supervisor | Hrs/Week |
| Address | Start Date | Starting Salary |
| City, State, Zip | End Date | Final Salary |
| Phone Number | Last job title | |
| Reason for leaving (be specific): | | |
| Describe your work in this job: | | |
| | | |
| | | |
| May we contact this employer? ☐ Yes | □No | |
| I may we contact this employer: 🔲 I es | | |

Employment Experience (continued)

| Company | Name of last supervisor | Hrs/Week | |
|--------------------------------------|-------------------------|-----------------|--|
| Address | Start Date | Starting Salary | |
| City, State, Zip | End Date | Final Salary | |
| Phone Number | Last job title | | |
| Reason for leaving (be specific): | | | |
| Describe your work in this job: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| May we contact this employer? \Box | ′es □No | | |

References

Give the name of three persons not related to you, whom you have known at least one year.

| NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|------|---------|----------|---------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Military Experience

| Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No | |
|--|--|
| Describe your duties: | |
| | |
| Do you wish to apply for Veterans' Preference points: ☐ Yes ☐ No | |
| If you answered "yes," you must complete the enclosed application for Veterans' Preference points, and submit the application and required documentation to the Willmar Municipal Utilities by the application deadline of the position for which you are applying. | |
| | |
| Authorization | |
| I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered. With my signature below, I am providing the WMU authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?," contact with my current employer will not be made without my specific authorization. | |
| I further understand that criminal history checks may be conducted (after I have been selected for an interview, the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the WMU in writing of any changes to information reported in this application for employment. | |
| | |
| Signature Date | |

5/15/2015

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214 MUST BE ATTACHED (Veteran is defined by Minn. Stat. § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, contact your County Veterans' Service Office.

The Willmar Municipal Utilities operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, **or** by reason of disability incurred while serving on active duty, **or** after having served

the full period called **or** ordered for federal, active duty **and** be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points preference only for the first promotion after securing employment with the Willmar Municipal Utilities.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

| Name (Last) | (First) | (MI) | Social Security Number | Position For Which You Applied |
|---|----------------------------|----------------------------------|-------------------------------------|---|
| | | | | Closing Date: |
| Address (Street) | (City) | (State) (Zip) | Phone Number | Are you a US Citizen or Resident Alien? |
| | | | | ☐ YES ☐ NO |
| VETERAN (10 point | ts): | | | |
| | | submitted to receive points |) | |
| Honorably | discharged veteran | Yes I | No 🗌 | |
| DISABLED VETERA | <u>\N</u> (15 points): | | | |
| ("Member Copy 4" of | f DD214 and USDVA letter | of disability rating decision | of 10% or more must be submitted to | o receive points) |
| | Disability:% | | | |
| Have you | ever been promoted within | the City of employ | ment? | □No |
| SPOUSE OF DECE | ASED VETERAN (10 poin | ts or 15 if the veteran was | disabled at time of death): | |
| | | | | veteran died on or as a result of active duty |
| must be submitted to | receive points. You are in | neligible to receive points if y | ou have remarried or were divorced | from the veteran.) |
| Date of De | eath: | Have you remarried? | ∏s | |
| SPOUSE OF DISAB | LED VETERAN (15 point | s): | | |
| | | • | decision of 10% or more must be s | ubmitted to receive points.) |
| How does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is | | | | |
| unable to qualify for this position because (be specific): | | | | |
| | | | | |
| AFFIDAVIT: I hereb | v claim Votorans' Profer | ance points for this exami | nation and swear/affirm that the ir | nformation given is true, complete and |
| | • | • | | I Veterans' Preference verification |
| documents and submit them to the Willmar Municipal Utilities by the required application deadline. | | | | |
| | | • | | |
| Signature | | Dat | e | |

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions. ("DD214 "Member-1" copy will not be accepted.)
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not quality for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, USDVA verification that veteran died on or as a result of active duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.