



324 East River Road
Brainerd, MN 56401

Phone: 218/828-3705
Fax: 218/828-8817

Employment Application

INSTRUCTIONS

A completed Brainerd HRA application form is required to apply for employment at the Brainerd HRA. The specific job title of the position must be listed on the application form. A separate application form is required for each position.

Please complete the application form as thoroughly as possible. **Do not mark your application "see resume."** Resumes may be included, but will not be accepted in lieu of a completed application form.

Additional items may be required, including but not limited to, certifications, licenses, and other information as noted on the job posting. These items should be included with the application packet.

Applications and supporting documents must be received by the deadline date and time listed on the job posting.

We welcome you as an applicant for employment with the Brainerd HRA. It is the Brainerd HRA's policy to provide equal opportunity in employment. The Brainerd HRA will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The Brainerd HRA accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact _____ at _____.

If you have questions about the position, you may contact:

Eric Charpentier, Executive Director

Brainerd HRA Office
324 East River Road
Brainerd, MN 56401
Phone: (218) 824-3425
Fax: (218) 828-8817

Position Applied For: _____

Date: _____

PERSONAL INFORMATION

Name: _____
 Last First Middle

 Street City State Zip

 Home Cell Email

Are you legally eligible to work in the US in the position for which you are applying? Yes No

Are you eighteen years of age or older? Yes No

Do you have any special needs which may necessitate accommodations in the application/interview process? Yes No

EMPLOYMENT DESIRED

Type of employment desired: Full-time Part-time Seasonal/Temporary

Driver's license # if applicable to position _____

Date Available _____ Salary Desired _____

EDUCATIONAL INFORMATION

Did you graduate from high school?

High School Name:

	High School	City	State	
	<u>Grade School</u>	<u>High School</u>	<u>College</u>	<u>Graduate</u>
Check your grade	1 2 3 4 5 6 7 8	9 10 11 12 or GED	13 14 15 16	MA MS PhD JS
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Name and location of college, university, and/or technical schools	<u>Dates of attendance</u>	<u>Major/minor or study area</u>	<u>Degree received</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History

Please provide complete employment information. List your present or most recent experience first. Attach additional sheets if necessary.

PRESENT EMPLOYER

DATES OF EMPLOYMENT

Employer: _____ Phone Number: _____ From _____ To _____
(MO/YR) (MO/YR)

Address: _____ Hours per week: _____

Supervisor's Name & Title _____ Salary: _____

Your Title: _____

Number & types of positions you supervised: _____

Reason for leaving: _____

Principal Responsibilities (be complete):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PREVIOUS EMPLOYER

DATES OF EMPLOYMENT

Employer: _____ Phone Number: _____ From _____ To _____
(MO/YR) (MO/YR)

Address: _____ Hours per week: _____

Supervisor's Name & Title _____ Salary: _____

Your Title: _____

Number & types of positions you supervised: _____

Reason for leaving: _____

Principal Responsibilities (be complete):

1. _____
2. _____
3. _____

4.

5.

May we contact this employer? Yes No If no, explain:

PREVIOUS EMPLOYER

DATES OF EMPLOYMENT

Employer: _____ Phone Number: _____ From _____ To _____
(MO/YR) (MO/YR)

Address: _____ Hours per week: _____

Supervisor's Name & Title _____ Salary: _____

Your Title: _____

Number & types of positions you supervised: _____

Reason for leaving: _____

Principal Responsibilities (be complete):

1.

2.

3.

4.

5.

May we contact this employer? Yes No If no, explain:

PREVIOUS EMPLOYER

DATES OF EMPLOYMENT

Employer: _____ Phone Number: _____ From _____ To _____
(MO/YR) (MO/YR)

Address: _____ Hours per week: _____

Supervisor's Name & Title _____ Salary: _____

Your Title: _____

Number & types of positions you supervised: _____

Reason for leaving: _____

Principal Responsibilities (be complete):

1.

2.

3.

4.

5.

May we contact this employer? Yes No If no, explain:

JOB RELEVANT VOLUNTEER EXPERIENCE OR UNPAID WORK EXPERIENCE

<u>Name of Organization</u>	<u>Work Performed</u>	<u>Hrs/wk</u>	<u>From</u>	<u>To</u>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

COMPLETE ALL OF THE FOLLOWING APPLICABLE TO THE POSITION YOU ARE APPLYING

COMPUTER HARDWARE/SOFTWARE SKILLS:

	<u>List types of Hardware/Software</u>	<u># Years of Experience</u>
<u>Training:</u>	<hr/>	<hr/>
	<hr/>	<hr/>
<u>Experience:</u>	<hr/>	<hr/>
	<hr/>	<hr/>

Licenses/Certificates held: (List relevant current licenses, registrations or certificates. Include Driver's License in this section if required):

<u>Type of License</u>	<u>License Number</u>	<u>State Issued</u>	<u>Expiration Date</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

APPRENTICESHIP(s) served or trades learned:

SPECIFIC EQUIPMENT EXPERIENCE:

PROFESSIONAL REFERENCES

These should be people in a position to discuss your qualifications for the position you seek. Include managers, directors, or supervisors under whom you worked or know well, preferably from a work environment. Do not use acquaintances or relatives. The Brainerd HRA reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name: _____ Address: _____
Phone: _____ Occupation: _____
(Work) (Home or Cell)

Name: _____ Address: _____
Phone: _____ Occupation: _____
(Work) (Home or Cell)

Name: _____ Address: _____
Phone: _____ Occupation: _____
(Work) (Home or Cell)

Updated: 9/20/2016

CONVICTIONS OR CRIMINAL RECORDS

I have read the included Applicant Data Practices Advisory and I further understand that criminal history checks may be conducted (after I have been selected for an interview, in 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 understand it is my responsibility to notify the Brainerd HRA in writing of any changes to information reported in this application for employment.

IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION

The information requested on the application is intended to be used by the Brainerd HRA in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the Brainerd HRA being unable to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the Brainerd HRA may be unable to provide the necessary accommodations if you do not provide the information noted under Personal Information. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the Brainerd HRA without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

APPLICANT CERTIFICATION:

I understand that any falsified information or significant omissions on either the application or during my interview may disqualify me from further consideration for employment and may be considered justification for dismissal. I authorize investigation of all statements contained in this application or made during my interview for employment as may be necessary in arriving at an employment decision. I release such employers and individuals from all liability or damages whatsoever that may arise from furnishing this information.

Applicant's Signature

Date

Note for On-line Applicants: By returning your application via e-mail, you do agree that all the information provided is true and accurate. If you are invited to an interview, you will be requested to sign your original application at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Brainerd HRA.


Applicant's Signature

Date

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: VETERANS' PREFERENCE POINTS CANNOT BE CONSIDERED WITHOUT SUPPORTING DOCUMENTATION. ATTACH COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE. DOCUMENTATION MUST BE RECEIVED BY THE APPLICATION DEADLINE OF THE POSTING IN ORDER TO BE CONSIDERED. (VETERAN IS DEFINED BY MINN. STAT. § 197.447)

 *A city can probably impose a deadline for the veteran to supply the required documentation, as long as it is reasonable, such as seven days after the application deadline. Thus, some cities will instead language such as; If the documentation is not attached, it must be received in the Human Resources Office no later than seven calendar days after the deadline date for the position.*

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other documentation verifying service to substantiate the services 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, or other documentation verifying service, contact your County Veterans' Service Office.

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.

The Brainerd HRA 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

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 Brainerd HRA.

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, or other documentation verifying service, 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)	Position For Which You Applied	
			Closing Date:	
Address (Street)	(City)	(State)	(Zip)	Phone Number
				Are you a US Citizen or Resident Alien?
				<input type="checkbox"/> YES <input type="checkbox"/> NO

VETERAN (10 points):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points)

Honorably discharged veteran Yes No

DISABLED VETERAN (15 points):

("Member Copy 4" of DD214, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)

Percent of Disability: _____%

Have you ever been promoted within the City of _____ employment? Yes No

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran).

Date of Death: _____ Have you remarried? Yes No

SPOUSE OF DISABLED VETERAN (15 points):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted 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 hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of _____ by the required application deadline.

Signature

Date

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, or other documentation verifying service. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 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 qualify 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, or other documentation verifying service, 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.

Thank you for your military service and for your interest in employment with the Brainerd HRA. Please contact our office at (218)824-3428 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

Applicant Data Practices Advisory

According to Minn. Stat. § 13.04, the City must advise you of the following.

Purpose and intended use of the data:

The city collects this information for purposes of selecting a candidate for hire. Your data will be used to _____ *[whatever the city's process]*. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, including using the BCA's website.

Whether you may refuse or are legally required to supply this data: Application for employment as well as supplying any data in application for employment is voluntary.

Consequences arising from supplying or refusing to supply this data:

We take pride in hiring the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the city you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

*The following section is **optional** to include with a city's employment application materials. The benefit to including the information is that it can provide greater detail to applicants about how the MN Government Data Practices Act may impact them.*

GENERAL INFORMATION ON THE MINNESOTA GOVERNMENT DATA PRACTICES ACT FOR APPLICANTS, EMPLOYEES, AND VOLUNTEERS.

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the Brainerd HRA. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Second under “Personnel Data” (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran's status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the City of _____, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your work location and work telephone number;
- Your education and training background;

- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your works time for payroll purposes: except to the extent that release of time sheet data would reveal employee's reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience.
- The "complete" terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the city's Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you is voluntary.



A city will want to review Minn. Stat. §363A.36 to determine whether it is required to have a formal Affirmative Action Program in place. If a formal plan is not in place, work with your legal counsel to review this sentence as appropriate.

NOTICE REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and retained in the employee's data record.

NOTICE TO MINORS: Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the Brainerd HRA **Human Resources Department** at 324 East River Road, Brainerd, MN 56401. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**



Some cities without an HR Department may wish to list City Administrator rather than HR. Insert the appropriate department for your city here.

NOTICE REGARDING REQUEST FOR MARRIAGE CERTIFICATE FOR VETERANS' PREFERENCE DOCUMENTATION: This information will be used for documentation purposes for verifying marital status for requesting applicable spousal Veterans' Preference credits.

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is voluntary and confidential. This information is NOT part of the application file and is REMOVED from the application when received by our office. We appreciate your cooperation in our efforts to ensure affirmative action and equal opportunity

Position(s) for which you are applying:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
With which racial/ethnic group do you identify? <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native through Tribal affiliation or community recognition <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Two or more races
Disability status, defined as: <ol style="list-style-type: none">1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);2) Has a history of a disability (such as cancer that is in remission);3) Is regarded as having such an impairment. Do you claim disability status? <input type="checkbox"/> Yes <input type="checkbox"/> No