

# Crosby HRA Employment Application

## INSTRUCTIONS

We welcome you as an applicant for employment. Your application will be considered with others. **A completed Crosby HRA application form is required to apply for employment at the Crosby 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. The information provided in the application form will be used to assess your qualifications for the position.

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. If submitting an electronic application, please submit these items separately noting an electronic application was submitted.

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

If you have any questions, you may contact:

Shannon Fortune, Housing Director  
Brainerd HRA  
324 E. River Road  
Brainerd, MN 56401  
Phone: (218) 824-3431  
Fax: (218) 828-8817

### APPLICANT...PLEASE COMPLETE

*We would appreciate your cooperation in completing the following section. Please enclose this page with application.*

### APPLICANT TRACKING DATA

The information requested below is voluntary and is used to assist the Crosby HRA in monitoring Equal Employment Opportunity program as required by law. Refusal to complete this section will not affect your opportunities for employment. The information in this area is confidential and will be separated from your employment application.

<b>Name:</b> _____ Last                      First                      Middle	<b>Position applied for:</b> _____
<b>Referral Source:</b> <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Employee Referral <input type="checkbox"/> Community or Agency <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> College <input type="checkbox"/> Website <input type="checkbox"/> Other	

**Gender:** (check one):     Male       Female

**Race or ethnic group(check one):**     White     Black     Hispanic     American Indian/Native Alaskan     Asian/Pacific Islander

**Do you have a disability?**     Yes     No    If yes, please describe \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Cell Work

Are you either a US citizen or legally eligible for employment in the U.S.A.?  Yes  No

Are you eighteen years of age or older?  Yes  No If under 18, state date of birth: \_\_\_\_\_

Are you presently or have you previously been employed by us?  Yes  No Dates of Employment \_\_\_\_\_

List all other name(s) under which your employment or education records can be found: \_\_\_\_\_

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

Are you willing and available to work overtime and shift work?  Yes  No

Salary desired: \_\_\_\_\_ Date available: \_\_\_\_\_

Are you currently employed?  Yes  No If yes, may we contact your present employer?  Yes  No

If no, explain: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Did you graduate from high school?  Yes  No  GED

High School Name: \_\_\_\_\_  
High School City State

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

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

# 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 \_\_\_\_\_

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 \_\_\_\_\_

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
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Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(MO/YR) (MO/YR)

Address: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

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
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Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(MO/YR) (MO/YR)

Address: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_

Your Title: \_\_\_\_\_

Number & types of positions you supervised: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Principal Responsibilities (be complete):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

JOB RELEVANT VOLUNTEER EXPERIENCE OR UNPAID WORK EXPERIENCE				
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<u>Name of Organization</u>	<u>Work Performed</u>	<u>Hrs/wk</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Equal Opportunity Employer

**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>	_____	_____
	_____	_____
<u>Experience:</u>	_____	_____
	_____	_____

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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. The Crosby HRA reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

List people who know you well, preferably from a work environment. Do not use acquaintances or relatives.

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

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

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

# VETERANS PREFERENCE

## Crosby HRA

300 Third Avenue N.E.

Crosby, MN 56441-1642 Fax: (218) 546-5041

COMPLETE THIS FORM **ONLY** IF YOU ARE A VETERAN **AND** ARE CLAIMING VETERANS PREFERENCE

NOTE: COPY OF DD214 MUST BE ATTACHED

**You must submit a PHOTOCOPY 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 DD214, contact the local Veterans Service Office at (218) 824-1058.

The Crosby HRA operates under a point preference system which awards points to qualified veterans to supplement their application. Five (5) points are granted to non-disabled veterans on open competitive examinations; ten (10) points are added if the veteran has a service connected compensable disability as certified by the Veterans Administration.

To qualify for preference for a **competitive exam**, you must have 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 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 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 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 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing City employment.

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 your 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)	(M)	SOCIAL SECURITY NUMBER		POSITION FOR WHICH YOU APPLIED Closing Date:
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	PHONE NUMBER	ARE YOU A CITIZEN OR RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

**VETERAN (5 points)** (DD214 or DD215 must be submitted to receive points):

Honorably discharged veteran  YES  NO

**FOR DISABLED VETERANS (10 points)** (DD214 and Letter from VA of proof of disability must be submitted to receive points):

Percent of Disability: \_\_\_\_\_ %

Have you ever been promoted in Crosby HRA employment?  YES  NO

**FOR SPOUSES OF DECEASED VETERANS (5 points, 10 if the veteran was disabled):**

(Attach DD214 or DD215; photocopy of marriage certificate and spouse's death certificate 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

**FOR SPOUSES OF DISABLED VETERANS (10 points):**

(DD214 or DD215 and a letter from VA of proof of disability must be submitted to receive points)

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 for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veterans Administration to release information necessary to process this application to the Crosby HRA.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Equal Opportunity Employer

## Information Regarding Claiming Veterans Preference

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans subject to the provision of MN Statute 197.447.

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 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 qualify for disabled veteran preference per MN Statute 197.455.
- 3.) A spouse of a deceased veteran applying for preference points must supply their marriage certificate, the veterans DD214 or DD215, 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 Crosby HRA. Please contact our office at (218) 546-5088 or your local County Veterans Service Office, if you have any questions regarding veterans preference in public employment.

Incorporated: 4/5/11

### CONVICTIONS OR CRIMINAL RECORDS

The Crosby HRA conducts criminal history background checks on all regular full-time, part-time, temporary and seasonal employees. Candidates for positions working with children will not be selected if they have been convicted of any crime listed in the Child Protection Worker Act (Minnesota Statutes 299C.61 & 62). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes. Before any applicant is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This includes the right to show evidence of rehabilitation.

### EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the Crosby HRA to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, and marital status, status with regard to public assistance, disability, sexual orientation or age. This policy applies to full-time, part-time, temporary and seasonal employment.

### IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION

The information requested on the application is intended to be used by the Crosby 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 Crosby HRA being unable to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the Crosby 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 Crosby 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 Crosby HRA.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date