

We welcome you as an applicant for employment with the city of Fulda. It is the city of Fulda's policy to provide equal opportunity in employment. The City of Fulda 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 city of Fulda accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need reasonable accommodation to complete the application process, please contact City Clerk at 507-425-2504.

## **Personal Information**

Name:	(Last)	(First)	(MI)	
		· · ·		
Street Address				
City, State, Zip				
Phone Number	ſ		Alternate Phone	
Email				
			- 11	
	INK or type when co	mpleting this applic	ation	
Title of position	n applying for:			
Are you legally	/ eligible to work in the	United States in the p	position for which	□ <sub>Yes</sub> □ <sub>No</sub>
you are applyi	ng?			
Proof of citizer	nship or work eligibility	will be required as a d	condition of	

□ Yes □ No

employment.

Are you at least 18 years old

# **Educational Information**

Circle the highest grade completed							
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 <sup>□</sup> No	□ Yes <sup>□</sup> No				
(Please check)	High School	College/Technical	Graduate JD				

School Name	Address	Course of study	Degree
High School:			
College:			
Graduate School:			
Technical/Vocational:			
Other:			
Other:			

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:

List any 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 <u>not</u> 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	
City, State, Zip	End Date	
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer?		

Company	Name of last supervisor Hrs./Week
Address	Start Date
City, State, Zip	End Date
Phone Number	Last job title
Reason for leaving (be specific):	
Describe your work in this job:	
May we contact this employer?	Yes 🗆 No

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

Company	Name of last supervisor Hrs./Week			
Address	Start Date			
City, State, Zip	End Date			
Phone Number	Last job title			
Reason for leaving (be specific):				
Describe your work in this job:				
May we contact this employer?	Yes 🗆 No			

## **Unpaid Experience**

Describe any unpaid or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).

# **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 city of Fulda 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.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the city of Fulda is "at will," and that employment may be terminated by either the City of Fulda or me at any time, with or without notice.

With my signature below, I am providing the city of Fulda 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 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 also understand it is my responsibility to notify the city of Fulda in writing of any changes to information reported in this application for employment.

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 "VETERAN'S DD214 COPY 2, 4 or 6), OR OTHER DOCUMENTATION VERIFYING MILITARY 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)

You must submit a PHOTOCOPY of your DD214 (Copy 2, 4, or 6) or other documentation verifying military 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 DD214, or other documentation verifying military service, contact your County Veterans' Service Office.

The city of Fulda operates under a point preference system, which awards points to qualified veterans to supplement their application. After receiving a passing score, 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, 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 once when applying for the first promotion after securing public 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 the DD214 Copy 2, 4 or 6), or other documentation verifying military 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 Reside		
					Alien?	
					□ YES □ NO	

#### VETERAN (10 points):

(DD214 or DD215, Copy 2, 4, or 6,or other documentation verifying military service, must be submitted to receive points) Honorably discharged veteran: Yes No

#### DISABLED VETERAN (15 points):

(DD214, Copy 2, 4 or	6, or other documen	tation verifying	military service	e, and USDVA	Summary o	of Benefits Let	ter showing a
compensable service	connected disability	rating decision,	usually 10%	or more must b	be submitted	to receive po	oints)
Percent of Disability:	%						

Have you ever applied for promotion in public employment? Yes No

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

(Veteran's DD214 or DD215, or other documentation verifying military service, photocopy of marriage certificate, spouse's death certificate and proof veteran is deceased 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):

(Veteran's DD214 or DD215, Copy 2, 4, or 6, or other documentation verifying military service, photocopy of marriage certificate, and USD VA Rating Decision showing a compensable service connected disability rating decision, usually of 10% or more, and which shows the nature of the disability, 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):

# <u>AFFIDAVIT</u>: 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 Fulda by the required application deadline.

## Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.447, 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 disability incurred while serving on active duty, or
  - iii. have completed the minimum active duty requirement of federal law, as defined by Code of Federal Regulations title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty under Title 10 of the United States Code, 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 your DD214 or DD215, Copy 2, 4, or 6, or other documentation verifying military service. This copy must state the character 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 or Summary of Benefits Letter that supports/verifies the fact that the veteran has a compensable Service connected disability.

3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215 Copy 2, 4, or 6, or other documentation verifying military service, 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 city of Fulda. Please contact our office at 507-425-2504 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

## NOTICE TO CITY OF FULDA EMPLOYMENT APPLICANTS

### IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION

Minnesota Statutes Section 13.04 on data privacy requires that you be informed that the following information which you will be asked to provide in the employment process is considered private data:

- · Home address
- · Home phone number
- · Social Security number
- · Date of birth
- · Conviction record
- · Sex
- · Age group
- · Racial/ethnic group
- · Disability type

We ask for this information for the following reasons:

- To distinguish you from all other applicants and identify you in our personnel files.
- To enable us to verify that you are the individual who is applying for the examination (in cases where an examination is required).
- To enable us to contact you when additional information is required, send you notices, and schedule you for interviews.
- · To determine if you meet the minimum age requirements (if any).
- To determine whether your conviction record may be a job-related consideration affecting your suitability for the position that you applied for.
- To enable us to ensure your rights to equal opportunities.
- · To meet federal reporting requirements.
- To make processing more efficient.

The data supplied may be used for other purposes as may be determined to be necessary in the administration of the Civil Service Act and the rules and regulations promulgated pursuant thereto.

Furnishing Social Security numbers, dates of birth (unless a minimum age is required), sex, age group, racial/ethnic group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered. Private data is available only to you and to other persons in the City or City-related programs who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data. With respect to a position that is subject to the Civil Service Act, if you pass the examination, your name, score, and standing will become public information and may be provided to anyone. If you are hired by the City of Fulda, you will legally be required to supply your Social Security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration and will enable us to complete your salary deductions. Insurance data, which you will be required to furnish in order to participate in city health and life insurance plans, will be classified as private as will payroll deduction data.

I have read and understand the information given above regarding the Minnesota Data Practices Act.

Applicant Signature

Date