

## City of Wayzata

600 Rice Street East, Wayzata, MN 55391

952-404-5300 | 952-404-5318 (fax)

[www.wayzata.org](http://www.wayzata.org)

### Employment Application

We welcome you as an applicant for employment with the City of Wayzata. It is the City of Wayzata's policy to provide equal opportunity in employment. The City of Wayzata will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, sexual preference, 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 information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee.

### Personal Information

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

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

Email Address \_\_\_\_\_

### Applicant's Statement

*I authorize and consent to having City representatives make inquiries about me if I am to be considered for employment. Former employers are authorized to give information about me in any form, oral or written. They are hereby released from all liability for issuing such information. I hereby knowingly waive any privileges, including protection under the Data Practices Act, which is on page 7 of this application.*

*I understand that misrepresentation or omission of facts will mean that I will no longer be considered for employment or, if am hired by the City, may be cause for dismissal.*

*I understand that employment is, at minimum, conditioned upon successfully completing criminal background check. If required, the City may require a physical exam, drug and alcohol testing, and a psychological test. I agree to these tests if I receive a conditional offer of employment.*

*I understand that this authorization may be revoked in writing by me at any time and in no event will it be valid for more than two years from the date signed below.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Educational Information

Type of School	Name & Mailing Address of School	Major	Degree?
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

List any courses, special courses, seminars, workshops, training sessions, licenses or certifications that might relate to this position.

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**Are you legally eligible to work in the United States?**  Yes  No

*Proof of citizenship or work eligibility will be required as a condition of employment.*

**Are you at least 18 years old?**  Yes  No

**Are you bilingual?**  Yes  No

If yes, what language(s) \_\_\_\_\_

Rate your skills (1 = low proficiency, 5 = completely fluent) Oral \_\_\_\_\_ Written \_\_\_\_\_

## Employment Information

List a complete account of your work experience for the last 10 years. Give your present or most recent employment first.

### Present/Most Recent Employment:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Specific Duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for seeking other employment

\_\_\_\_\_

Length of Employment:

From \_\_\_\_\_

*Month* *Year*

To \_\_\_\_\_

*Month* *Year*

Total \_\_\_\_\_ Years, \_\_\_\_\_ Months

Hours per week \_\_\_\_\_

Ending Annual Salary \_\_\_\_\_

May we contact this employer?

Yes  No

### Additional Work Experience:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Specific Duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for seeking other employment

\_\_\_\_\_

Length of Employment:

From \_\_\_\_\_

*Month* *Year*

To \_\_\_\_\_

*Month* *Year*

Total \_\_\_\_\_ Years, \_\_\_\_\_ Months

Hours per week \_\_\_\_\_

Ending Annual Salary \_\_\_\_\_

May we contact this employer?

Yes  No

### Additional Work Experience:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Length of Employment:

From \_\_\_\_\_

*Month* *Year*

To \_\_\_\_\_

*Month* *Year*

## Employment Information

Specific Duties:

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Reason for seeking other employment

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Total \_\_\_\_\_ Years, \_\_\_\_\_ Months

Hours per week \_\_\_\_\_

Ending Annual Salary \_\_\_\_\_

May we contact this employer?

Yes  No

### Additional Work Experience:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Specific Duties:

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Reason for seeking other employment

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Length of Employment:

From \_\_\_\_\_

*Month* *Year*

To \_\_\_\_\_

*Month* *Year*

Total \_\_\_\_\_ Years, \_\_\_\_\_ Months

Hours per week \_\_\_\_\_

Ending Annual Salary \_\_\_\_\_

May we contact this employer?

Yes  No

## Unsalariated or Volunteer Experience

List any other skills or experience which, in your opinion, qualifies you for this position.

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## Military Experience

Do you wish to apply for Veterans' Preference points?  Yes  No

*If you answered yes, you must complete and submit the enclosed form for Veterans' Preference points and required documentation to the City of Wayzata by the application deadline of the position for which you are applying.*

# 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 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 City of Wayzata operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten

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 City of Wayzata.

(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

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? <input type="checkbox"/> YES <input type="checkbox"/> NO

**VETERAN (10 points):**

("Member Copy 4" of DD214 or DD215 must be submitted to receive points)

Honorably discharged veteran     Yes     No

**DISABLED VETERAN (15 points):**

("Member Copy 4" of DD214 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 Wayzata 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, 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 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):

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**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 Wayzata by the required application deadline.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## INFORMATION REGARDING CLAIMING VETERANS' REFERENCE

Cities use the 100 point veterans' preference rating system for veterans or spouses of veterans who apply for jobs. If you qualify as a veteran under [Minnesota Statute 197.447](#) or are the spouse of a qualifying veteran, you *may* be able to claim Veteran's Preference points. (Veteran's Preference points will be applied to eligible applicants who meet the minimum qualifications for the job before the preference points are awarded. Ten points will be added for a veteran and fifteen points for a disabled veteran.)

To claim Veteran's Preference, the applicant must complete the Veterans' Preference portion of the application and include a copy of the appropriate, required documentation (see below) to prove eligibility. The documentation must be included in the application or submitted prior to the application closing date in order to be considered.

### Appropriate Documentation:

#### Veteran:

- "Member Copy 4" of the DD214 (separation from active duty)

#### Disabled Veteran:

- "Member Copy 4" of the DD214
- Summary of Benefits Letter from USDVA verifying a compensable service connected disability

#### Spouse of a Disabled Veteran

- Copy of marriage certificate verifying marriage (cannot be divorced or remarried)
- Veteran's "Member Copy 4" of the DD214
- Summary of Benefits Letter from USDVA verifying a compensable service connected disability, and a USDVA Statement of the Case or other documentation showing that the disability is related to the position requirements

#### Surviving Spouse of a Deceased Veteran

- Copy of marriage certificate verifying marriage (cannot be divorced or remarried)
- Veteran's "Member Copy 4" of the DD214
- Proof of death

#### Surviving Spouse of a Deceased Veteran (who was disabled at time of death)

- Copy of marriage certificate verifying marriage (cannot be divorced or remarried)
- Veteran's "Member Copy 4" of the DD214
- Summary of Benefits Letter from USDVA verifying a compensable service connected disability, and a USDVA Statement of the Case or other documentation showing that the disability was related to the position requirements
- Proof of death

For assistance in obtaining a copy of your DD214, or other documentation, contact your County Veterans Service Office. For your convenience we have included a link to the [Minnesota Department of Veterans Affairs and the Minnesota Association of County Veterans Service Officers](#).

## Applicant Data Practices Advisory

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Wayzata. 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.

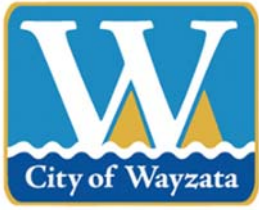
If you are hired, the following additional data about you will be considered public information:

- 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 Wayzata, 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 work 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.

**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 City of Wayzata Human Resources Department at address, City, MN Zip. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.** **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/Affirmative Action Data

The purpose of collecting the data requested below is to comply with State and Federal Equal Opportunity Employment reporting and other legal requirements. This form will be filed separate from your application and it will not be used in our recruitment evaluation process. The following information is requested for reporting purpose only. Please note that your cooperation in providing the following data is voluntary and including or excluding any data will not affect any recruitment selection decisions.

**Date:** \_\_\_\_\_

**Position(s) for which you are applying:** \_\_\_\_\_

**Gender:**

- Female
- Male

**Race/Ethnic Group:**

- American Indian or Alaskan Native
- African American/Black
- Asian
- Caucasian/White
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- Other (please specify) \_\_\_\_\_

**Disability status, defined as:**

- Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
- Has a history of a disability (such as cancer that is in remission);
- Is regarded as having such an impairment.

Do you claim disability status?  Yes  No

**How did you hear about the position for which you are applying?**

- Minneapolis Star and Tribune
- Indeed
- League of Minnesota Cities
- POST Board
- Wayzata Employee
- Other \_\_\_\_\_





**Wayzata Fire Department  
Supplemental Questions**

*Please indicate the total number of hours that you would be available to respond to calls:*

- Monday through Friday between 7:00 am to 5:00 pm \_\_\_\_\_ Total hours  
 Monday through Friday between 5:00 pm to 7:00 am \_\_\_\_\_ Total hours  
 Saturday through Sunday between 7:00 am to 5:00 pm \_\_\_\_\_ Total hours  
 Saturday through Sunday between 5:00 pm to 7:00 am \_\_\_\_\_ Total hours

*Are you available for trainings and meetings ALL Monday evenings?*     Yes     No

*Fire Department or Medical Training/Experience:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Current organizations that you are a member of:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Hobbies or free time activities:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*References (Non-Family):*

Name	Relationship to Applicant	Phone Number
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Name	Relationship to Applicant	Phone Number
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Name	Relationship to Applicant	Phone Number
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**The above information is correct and current. I understand that any misrepresentation or false information may affect my eligibility of employment with the City.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**