DATE RECEIVED:_____

Biwabik Township

Application for Employment

Applicant's Name:

Position applying for:

RETURN COMPLETED APPLICATION FORMS TO:

Biwabik Township
6555 Oak Drive
Gilbert, MN 55741
Office: (218) 865-4238

BIWABIK TOWNSHIP TENNESSEN WARNING FORM

In accordance with the Minnesota Government Data Practices Act, Minn. Stat. Chap. 13, Biwabik Township is required to inform you of your rights as they relate to the private information collected from you.

The data supplied by you is going to be used to assess your future or continued position with the Town of Biwabik. The data may also be used to perform a background check and for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of Biwabik Township.

Furnishing the requested information is voluntary, however, if you refuse to provide the requested information you may be disqualified from a position with Biwabik Township.

Public data is available to anyone requesting it. With some exceptions, unless you consent to further release of private information, access to this information will be limited to individuals whose jobs reasonably require access to this information. However, state and federal law authorize release of private information without your consent:

- to the Commissioner of the Department of Employee Relations (Minn. Stat. chapter 43A);
- to labor organizations to the extent necessary to conduct elections, notify employees of fair share fee assessments, and implement state law governing labor relations (Minn. Stat § 13.43);
- drug-test results may be used in an arbitration proceeding, an administrative hearing, or disclosed to the federal government as required by federal law or federal government contract; or to a substance abuse treatment facility. [Note: drug test results may not be used as evidence in a criminal action.] (Minn. Stat. § 181.954);
- to state and federal revenue authorities for tax purposes;
- to child support enforcement authorities in this or another state (Minn. Stat. §256.978);
- if required by a court order, or authorized by other state or federal law.

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

_____
Printed Name

_____ _____
Signature Date

◆ PERSONAL INFORMATION

NAME/ ADDRESS/ PHONE:

Last Name:_____ First Name:_____ Middle:_____

Address:_____

City:_____ State:_____ Zip:_____

Telephone:_____ Between hours of _____ and _____

Telephone:_____ Between hours of _____ and _____

Email:_____

Are you under 18 years of age?..... ❑ No ❑ Yes

If so, are you 16 years of age or older?..... ❑ No ❑ Yes

EDUCATION

Educational Institution	Names and Address of Institution	Course (Major/Minor)	Level of Education	Did you Graduate? (Y/N)	List Diploma or Degree Awarded
High School					
College					
College					
Other (Specify)					

DRIVER'S LICENSE

(Only complete this section if a driver's license is required for the position you are applying for.)

Driver's License #_____ License Class (A, B, C, D)_____

State in which license is issued:_____ Expiration Date:_____

OTHER LICENSES & CERTIFICATES

Please list any other licenses, registrations, or certifications that are required or pertinent to the position you are applying for. If this licensing, etc., is required for the position, and you fail to include a photocopy of it with your application form, your name will be removed from further consideration for the position. If this licensing is not required for the position, but you feel it is relevant and may be an item for which we are awarding points, please indicate below for credit to be awarded.

Type of License or Certificate	Licensing Agency	Expiration Date	License Number
★★ Attach a copy of each license or certificate ★★			

PREVIOUS EMPLOYER:

Employer:_____ May we contact this employer? ❑ No ❑ Yes

Employer Address:_____

Employer Phone Number:_____ Supervisor's Name & Title:_____

Your Job Title:_____ Average Number of Hours Worked per Week:_____

Numbers and types of positions you supervised:_____

Your Duties and Responsibilities:_____

_____

_____

_____

_____

Dates of employment: _____ to _____
(month & year) (month & year)

Reason for leaving:_____

PREVIOUS EMPLOYER:

Employer:_____ May we contact this employer? ❑ No ❑ Yes

Employer Address:_____

Employer Phone Number:_____ Supervisor's Name & Title:_____

Your Job Title:_____ Average Number of Hours Worked per Week:_____

Numbers and types of positions you supervised:_____

Your Duties and Responsibilities:_____

_____

_____

_____

_____

Dates of employment: _____ to _____
(month & year) (month & year)

Reason for leaving:_____

PREVIOUS EMPLOYER:

Employer:_____ May we contact this employer? ❑ No ❑ Yes

Employer Address:_____

Employer Phone Number:_____ Supervisor's Name & Title:_____

Your Job Title:_____ Average Number of Hours Worked per Week:_____

Numbers and types of positions you supervised:_____

Your Duties and Responsibilities:_____

_____

_____

_____

_____

Dates of employment: _____ to _____
(month & year) (month & year)

Reason for leaving:_____

◆ PROFESSIONAL REFERENCES

List people who know you well, preferably from a work environment and not an acquaintance or relative.

Name_____ Address_____

Occupation_____ e-mail (if available)_____

Home Phone_____ Work Phone_____

Name_____ Address_____

Occupation_____ e-mail (if available)_____

Home Phone_____ Work Phone_____

Name_____ Address_____

Occupation_____ e-mail (if available)_____

Home Phone_____ Work Phone_____

◆ CLAIM FOR VETERAN'S PREFERENCE

The eligibility requirements for veteran's preference are listed below. Read them carefully to see if you qualify. If you do wish to receive preference, be sure to complete this section. Anyone eligible for receiving a monthly veteran's pension benefit based exclusively on length of military service is not eligible. Providing the information in this section is voluntary. You must do so if you wish to obtain preference.

Veteran Eligibility for Open Competitive Position (5 Points)
Must be a U.S. Citizen or resident alien who has separated under honorable conditions:

1) After serving on active duty for 181 consecutive days, or
2) By reason of disability incurred while serving on active duty.

Disabled Veteran Eligibility for Open Competitive Position (10 points)
Must have compensable service connected disability as adjudicated by the United States Veteran's Administration or by the Retirement Board of the several branches of the armed forces and the disability must exist at the time preference is claimed.

Disabled Veteran Eligibility for Promotional Position (5 points)
Must, at the time of election to use preference, be entitled to disability compensation for a permanent service-connected disability rated at 50% or more and the position for which you are applying must be the first promotion after entering public employment.

Eligibility as a Spouse of a Deceased or Disabled Veteran
Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who, because of a disability, is unable to qualify for the particular position due to his/her disability and who would have or does meet the criteria for one of the above-listed preferences.

ALL APPLICANTS CLAIMING VETERAN'S PREFERENCE MUST ATTACH A COPY OF HIS/HER FORM DD214.
FAILURE TO DO SO MAY RESULT IN LOSS OF VETERAN'S PREFERENCE ELIGIBILITY.

For V.A. Use Only: Is the veteran named below rated as having a compensable service-related disability?

❑ No ❑ Yes % of Disability_____By_____Date_____

Name of Veteran (last-first-middle)

Name of Applicant - if different than veteran (last-first-middle)

Address City State Zip

Classification

To Be Completed by Veteran or Spouse of Deceased Veteran

1) Are you a U.S. Citizen or resident alien? ..... ❑ No ❑ Yes
2) Were you honorably discharged from military service? ..... ❑ No ❑ Yes
3) Were you separated from military service after serving active duty for a least 181 consecutive days? ..... ❑ No ❑ Yes
4) Do you currently have a compensable service-related disability? ..... ❑ No ❑ Yes
5) Are you currently receiving a monthly pension based exclusively on length of military service? ..... ❑ No ❑ Yes
6) Branch of Service_____Date of Discharge_____Serial Number_____
Type of Separation_____Date of Entry_____
For spouse of deceased veteran, date of death_____

If Spouse of Disabled Veteran, please answer the following:
If spouse is disabled, please explain why your spouse does not qualify for this position:_____

Claim Number (if disabled) State Claim is Filed In

(X)_____
Signature of Veteran Social Security Number Date

◆ EMPLOYEE CERTIFICATION

Before signing this application, plese read the following waiver carefully.

1) I have read and understand the job anouncemennt for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge.

2) I authorize all current and previous employers to release job-related information upon the written request of the Township. However, I understand that if, in the Employment History section, I have answered "No" to the question, "May we contact this employer?", contact with the employer will not be made without my specific authorization.

3) I authorize the Township to verify all information on this application to determine whether or not I am qualified for the position for which I am applying.

4) I understand that providing false information on this application may result in dismissal from any position gained on the basis of that false information.

Applicants Printed Name:_____

Applicants Signature: (X)_____ Date:_____

◆ BEFORE YOU SUBMIT YOUR APPLICATION, HAVE YOU ....

☑ Thoroughly read this entire application with special attention to the Tennessen Warning?

☑ Signed this application in all the required places? This application will not be accepted without all necessary signatures:

- Tennessen Warning
- Claim for Veteran's Preference, if applicable
- Employee Certification

☑ Provided sufficient information so that proper credit for training and experience are given?

☑ Completed the claim for Veteran's Preference if applicable to you? Also, a copy of your Form DD214 must be submitted at the time of application to determine your eligibility for points.

☑ Included copies of all required licensing and/or certifications?