



420 N. Pokegama Ave  
 Grand Rapids, MN 55744  
 (218)326-7606  
 (218)326-7608 Fax  
 www.cityofgrandrapidsmn.com

# Employment Application

*An Equal Opportunity Employer*

*Please complete by printing in ink or typing. Application must be signed for employment consideration.*

Thank you for considering employment with the City of Grand Rapids. We welcome you as an applicant and look forward to reviewing your application information. It is the City's policy to provide equal opportunity in employment. The City 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 on the application form, so we may accurately and completely assess your qualifications. You may attach any other information that 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 information, and more.

The City of Grand Rapids 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 Human Resources at 218-326-7606.

## PERSONAL INFORMATION

NAME Last	First	Middle	POSITION APPLIED FOR:
MAILING ADDRESS			TODAY'S DATE:                      DATE AVAILABLE TO WORK:
CITY	STATE	ZIP	STATUS DESIRED: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal
HOME PHONE	OTHER PHONE		EMAIL ADDRESS:
Are you a U.S. citizen or do you have legal Authorization to work in the U.S.? Proof of age and/or eligibility to work may be requested.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a valid driver's license? (For driving positions only)                      YES                      NO <input type="checkbox"/> <input type="checkbox"/>
Will your continued employment require employer sponsorship?	<input type="checkbox"/>	<input type="checkbox"/>	Are you <u>under</u> 18 years of age? <input type="checkbox"/> <input type="checkbox"/>

## EDUCATIONAL INFORMATION

School Name, City and State		Major Area of Study
High School:	Diploma <input type="checkbox"/> YES <input type="checkbox"/> NO GED <input type="checkbox"/> YES <input type="checkbox"/> NO	
College:	Degree Completed: <input type="checkbox"/> YES <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other <input type="checkbox"/> NO # of years completed _____ Semester/Credit hours earned _____	
Graduate School:	Degree Completed: <input type="checkbox"/> YES <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other <input type="checkbox"/> NO # of years completed _____ Semester/Credit hours earned _____	
Technical or Vocational Programs:	(indicate type of certificate earned)	

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

**List any current licenses or certificates you possess which may be related to this position:**

**List any current registration(s) or membership(s) related to the position for which you are applying:**

## EMPLOYMENT EXPERIENCE

CURRENT EMPLOYMENT INFORMATION		
EMPLOYER	<b>DATES EMPLOYED</b>	JOB TITLE:
	FROM                      TO	
ADDRESS		NAME OF LAST SUPERVISOR:
CITY, STATE, ZIP	DESCRIBE YOUR WORK IN THIS JOB:	
TELEPHONE Area Code + Number		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
REASON FOR LEAVING:		

PREVIOUS EMPLOYMENT INFORMATION		
List all positions held including full-time, part-time, military, summer, volunteer work and any periods of unemployment. Explain any period of unemployment. Attach additional sheet if necessary.		
EMPLOYER	<b>DATES EMPLOYED</b>	JOB TITLE:
	FROM                      TO	
ADDRESS		NAME OF LAST SUPERVISOR:
CITY, STATE, ZIP	DESCRIBE YOUR WORK IN THIS JOB:	
TELEPHONE Area Code + Number		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
REASON FOR LEAVING:		

EMPLOYER	<b>DATES EMPLOYED</b>	JOB TITLE:
	FROM                      TO	
ADDRESS		NAME OF LAST SUPERVISOR:
CITY, STATE, ZIP	DESCRIBE YOUR WORK IN THIS JOB:	
TELEPHONE Area Code + Number		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		
REASON FOR LEAVING:		

**PREVIOUS EMPLOYMENT INFORMATION CONTINUED**

List all positions held including full-time, part-time, military, summer, volunteer work and any periods of unemployment. Explain any period of unemployment. Attach additional sheet if necessary.

EMPLOYER	<b>DATES EMPLOYED</b>		JOB TITLE:
	FROM	TO	
ADDRESS			NAME OF LAST SUPERVISOR:
CITY, STATE, ZIP	DESCRIBE YOUR WORK IN THIS JOB:		
TELEPHONE Area Code + Number			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other			
REASON FOR LEAVING:			

EMPLOYER	<b>DATES EMPLOYED</b>		JOB TITLE:
	FROM	TO	
ADDRESS			NAME OF LAST SUPERVISOR:
CITY, STATE, ZIP	DESCRIBE YOUR WORK IN THIS JOB:		
TELEPHONE Area Code + Number			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other			
REASON FOR LEAVING:			

EMPLOYER	<b>DATES EMPLOYED</b>		JOB TITLE:
	FROM	TO	
ADDRESS			NAME OF LAST SUPERVISOR:
CITY, STATE, ZIP	DESCRIBE YOUR WORK IN THIS JOB:		
TELEPHONE Area Code + Number			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other			
REASON FOR LEAVING:			

**UNPAID EXPERIENCE**

Describe any unpaid or volunteer experience relevant to the position for which you are applying (you may include, 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 Veteran’s 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 Grand Rapids by the application deadline of the position for which you are applying.

**AUTHORIZATION**

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

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 understand that submission of an application does not guarantee employment. 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 Grand Rapids is “at will,” and that employment may be terminated by either the City of Grand Rapids or me at any time, with or without notice. I understand that none of the documents, policies, procedures, actions, statements of the City of Grand Rapids or its representatives used during the employment process is deemed a contract of employment, real or implied. I further understand 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 an authorized executive of the City of Grand Rapids. In consideration for employment, if employed, I agree to conform to the rules, regulations, policies, and procedures of the City of Grand Rapids at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with the City of Grand Rapids, I may be required to submit to a pre-employment medical and psychological examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already offered.

With my signature below, I am providing the City of Grand Rapids 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 Grand Rapids in writing of any changes to information reported in this application for employment.

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

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

Name and number of person completing this form if other than applicant: \_\_\_\_\_

**IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION**

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd 2)

<b>Private Data</b>	<b>Why We Ask For It</b>	<b>Are You Legally Obligated To Provide It?</b>	<b>What May Happen If You Don't Provide It</b>
Name	To distinguish you from all other applicants	Yes	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice

**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 A PART of the application file and is REMOVED from the application when received by our office. The City of Grand Rapids appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

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Position(s) for which you are applying:

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Gender:  Male  Female

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With which racial/ethnic group do you identify?

Black or African American

Hispanic or Latino

American Indian or Alaskan Native through Tribal affiliation or community recognition

Caucasian/White

Asian

Native Hawaiian or other Pacific Islander

Two or more races

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Disability status, defined as:

- 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?  Yes  No

**VETERANS' PREFERENCE**

Complete this form ONLY if you are claiming Veterans' Preference

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

**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 City of Grand Rapids 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 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, any 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 for the first promotion after securing employment with the City of Grand Rapids.

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 Grand Rapids 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 DDE214 or DD215, or other documentation verifying service, and USDVAQ 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):

Thank you for your military service and for your interest in employment with the City of Grand Rapids. Please contact our Administration office at 218-326-7600 if you have questions regarding veteran's preference.

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**AFFIDAVIT: I hereby claim Veteran's 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 Grand Rapids by the required deadline.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date