



GRAND RAPIDS
IT'S IN MINNESOTA'S NATURE

PUBLIC UTILITIES COMMISSION

500 SE FOURTH STREET PO BOX 658

GRAND RAPIDS, MINNESOTA 55744

TELEPHONE (218) 326-7024

TDD (218) 326-7487 FAX (218) 326-7499

**PLEASE PRINT THE REQUESTED
INFORMATION IN THE BOXES
OR SPACES PROVIDED.
RETURN TO GRAND RAPIDS
PUBLIC UTILITIES**

**PUBLIC UTILITIES COMMISSION
500 SE 4th Street
Grand Rapids, MN 55744
CPIERZINA@GRANDRAPIDSMN.GOV
218-326-7606**

Office Use Only

It is the policy of the Public Utilities Commission to provide equal employment opportunities without regard to race, color, creed, national origin, religion, sex, age, sexual orientation, marital status, status with regard to public assistance, membership or activity in a local commission, genetic information, or disability, to all qualified applicants and employees in all aspects of the employment relationship, including but not limited to recruitment, employment, job assignment, training, promotion, transfers, termination, rate of pay and other forms of compensation and benefits.

Please omit references to any organizations or activities that would reveal information about any of these protected classifications.

Position (s) Applied For:

Last Name

First Name

Middle Initial

Address

Street

City

State

Zip Code

Telephone Number (s) _____

Social Security Number _____

Do you have a valid driver's license ___ Yes ___ No

Are you available to work: _____ Full Time

If yes, State: _____ Number: _____

_____ Part Time

Driver's License Type: _____

_____ Shift Work

_____ Temporary

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ Yes _____ No

Have you ever been employed with us before? If yes, please give date: _____

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you legally authorized to work in the United States?

(Proof of identity and eligibility to work will be required upon employment) _____ Yes _____ No

On what date would you be available for work? _____

Can you travel if the position requires it? _____ Yes _____ No

How did you hear about this opening? _____

Education

	High School	Undergraduates College/University	Graduate/ Professional
School Name and Location			
Years Completed	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Diploma/Degree			
Describe Course of Study			

Describe any specialized training, apprenticeships, skills you possess	
Describe any honors you have received	
List any job related licenses or certificates that you possess	

<p>List professional, trade, business, or civic activities and offices held. <i>You may exclude memberships that would reveal a protected classification.</i></p> <hr/> <hr/>
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References

<p>References listed should be persons whom you have worked with or for, within the previous two years. By listing these references, you are authorizing the Public Utilities Commission or its duly authorized designees to contact the reference and you are also releasing the reference from all liability whatsoever with respect to any information provided by them.</p> <p>Please give the name, address and telephone number of three references who are not related to you.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

Special Skills and Qualifications

1. Summarize special job-related skills and qualifications acquired from employment or other experience.

2. Have you ever been discharged or forced to resign from prior employment? If the response is "YES", describe the circumstances.

General Questions

1. What special skills, abilities, or work habits do you possess which makes you believe that you are exceptionally well suited for this position?

2. Why do you want to work for the Public Utilities Commission?

Employment Experience

Include only those positions which you have held in the last 5 years. Start with your present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations that would reveal a protected classification.

Work Performed

Employer	Length of Employment	
Address		
Telephone Number (s)		
Job Title	Supervisor	
Reason for Leaving		

Work Performed

Employer	Length of Employment	
Address		
Telephone Number (s)		
Job Title	Supervisor	
Reason for Leaving		

Work Performed

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Address		
Telephone Number (s)		
Job Title	Supervisor	
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

Claim for Veteran's Preference

Complete this form *ONLY* if you are a veteran *AND* claiming veteran's preference. If you do not meet the eligibility requirements outlined below, do not complete this section.

Minn. Statute, Section 197.447 VETERAN DEFINED

A citizen of the United States or a resident alien who has 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 who has met the minimum active duty requirement as defined by Code of Federal Regulations, title 38, section 3.12a, or who has active military service certified under section 401, Public Law 95-202. The active military service must be certified by the United States Secretary of Defense as active military service and a discharge under honorable conditions must be issued by the Secretary.

Active Duty Information

NOTE: A photocopy of your DD214 Form must accompany this claim sheet.

Have you (or your disabled spouse) served on active duty without interruption for 181 days or more? Yes No

Type of separation:

- Honorable Honorable release from active duty and transfer to reserves
 Medical Other

For Disabled Veterans:

Note: Letter from VA of proof of disability must be submitted.

Permanent Yes No Percent of disability: _____%

For Spouse of Deceased Veterans:

Note: A 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 Spouse of Disabled Veterans:

Note: Letter from VA in proof of disability must be submitted by the closing date of application in order to receive points.

Spouse's present occupation: _____

AFFIDAVIT:

I hereby claim veteran's preference for this position, and certify that all of 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 City of Grand Rapids, Grand Rapids Public Utilities Commission.

Signature

Date

** ATTACH A COPY OF YOUR D.D. FORM 214 (CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY)

Signature

Please read the following statements. If they are accurate, please sign this application form. Applications which are not signed will not be considered as properly completed.

I certify that all of the information given on this job application form is true, complete and correct to the best of my knowledge. By signing this form, I am acknowledging that any false or misleading information supplied by me shall be grounds for not hiring me. I am also acknowledging that any false or misleading information supplied by me shall be grounds for automatic discharge from employment, should this fact be discovered after I have been hired.

I authorize the Public Utilities Commission to investigate all statements and information included on this application, including but not limited to my employment record. I release the Public Utilities Commission and all educational institutions, employers and personal references I have listed herein, and their employees, officers and agents, from any and all liability for all claims or damages of any kind in connection with the release of information about me to the Public Utilities Commission pursuant to this authorization, and do hereby further agree to defend, indemnify and hold harmless the Public Utilities Commission, educational institutions, employers and personal references from and against any and all such actions, causes of actions, suits, losses, liabilities, damages and expenses (including attorneys' fees).

I understand that this application is not a contract of employment.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Public Utilities Commission is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause or notice. 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 an authorized executive of the Public Utilities Commission, or unless the employee becomes a member of a union recognized by the Public Utilities Commission.

Signature

Date

TENNESSEN WARNING

This application is to assist in the process of considering you for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to the Public Utilities Commission where you may be considered for employment. Names of applicants become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

Private Data	Why we ask for it	Are you legally obligated to provide it?	What may happen if you don't provide it?
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Social Security Number	To distinguish you from all other applicants and make processing more efficient.	No	You will be assigned an individual identification number which must be used in any contacts you have with this department concerning your examination records.
Street Address Route or Box #	To be able to send you notices.	Yes	Failure to provide information my be cause for rejecting an application.
Telephone #s	To be able to contact you to determine availability for interview.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Racial/Ethnic, Handicap/ Disability status	To be able to make Equal Opportunity reports.	No	We will not be able to accurately assess our recruitment efforts as an affirmative action employer.
Special Testing	To determine whether you need special testing arrangements.	No	We will not be able to provide you necessary testing arrangements in a timely manner.

THIS PRIVATE DATA MAY ONLY BE DISCLOSED IN LIMITED CIRCUMSTANCES, INCLUDING TO CERTAIN PUBLIC UTILITIES COMMISSION PERSONNEL, SUCH AS SUPERVISORY AND PAYROLL STAFF; CERTAIN GOVERNMENTAL AGENCIES, SUCH AS THE IRS, THE MINNESOTA DEPARTMENT OF REVENUE, AND THE MINNESOTA DEPARTMENT OF EMPLOYEE RELATIONS; CHILD SUPPORT ENFORCEMENT AUTHORITIES IN THIS OR ANOTHER STATE; AS REQUIRED BY COURT ORDER OR AUTHORIZED BY FEDERAL OR STATE LAW. ALL OTHER INFORMATION ON THE APPLICATION FORM IS PUBLIC, THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE.