

APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to 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 Print)

| | |
|--|--------------------------------------|
| Position Applied For: | Date of Application |
| How did you learn about us? | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative |
| | <input type="checkbox"/> Inquiry |
| | <input type="checkbox"/> Other _____ |

| | | |
|---------------------|------------|-------------|
| Last Name | First Name | Middle Name |
| Address | Number | Street |
| | | City |
| | | State |
| | | Zip |
| Telephone Number(s) | Home | Work |
| | | Other |
| | | |

Best time to contact you at home is: _____:_____ am/pm

Are you at least 18 years old? Yes No

Have you ever filed an application with us before? If yes, give date _____ Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally eligible to work in the United States in the position for which you are applying? Yes No

Proof of citizenship or immigration status will be required as a condition of employment.

Date available for work _____/_____/_____ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time (Please indicate: Mornings Afternoon Evenings)
 Temporary (Please indicate dates available _____)

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

Education

| School | Name and Address of School | Course of Study | Years Completed | Diploma/Degree |
|-----------------------|----------------------------|-----------------|-----------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/Professional | | | | |
| Other (Specify) | | | | |

Work Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | |
|----------------------------|---|-------|----------------|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number | Hourly Rate/Salary | | |
| Starting/Present Job Title | Starting | Final | |
| Supervisor | | | |
| Reason for Leaving | May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | |
|----------------------------|---|-------|----------------|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number | Hourly Rate/Salary | | |
| Starting/Present Job Title | Starting | Final | |
| Supervisor | | | |
| Reason for Leaving | May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | |
|----------------------------|---|-------|----------------|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number | Hourly Rate/Salary | | |
| Starting/Present Job Title | Starting | Final | |
| Supervisor | | | |
| Reason for Leaving | May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Comments:

| |
|---|
| Include explanation of any gaps in employment. |
| |
| |

NAME: _____

Personal/Professional References

| Name | Phone Number | Best Time to Call | Occupation |
|------|--------------|-------------------|------------|
| | | | |
| | | | |
| | | | |

Additional Information

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Please list any specialized skills that may be relevant to position. (i.e. Computer Experience, Office Equipment)

The City of New Richland 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 Wayne Billing at 507-465-3514.

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 New Richland by the application deadline of the position for which you are applying.

Applicant's Statement

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 New Richland is "at will," and that employment may be terminated by either the City of New Richland or me at any time, with or without notice.

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

| | |
|---|---------------------------------|
| <p>_____</p> <p>Signature of Applicant</p> | <p>_____</p> <p>Date</p> |
|---|---------------------------------|

DATE / / _____

Disclosure Authorization and Release

I, (please print name) _____, hereby authorize investigation of any information contained in the Application for Employment and/or supplemental materials I have submitted in consideration for the position of Chief of Police, as may be needed to arrive at an employment decision. I authorize any or all education institutions and prior employers listed in the application for Employment to provide information they may have concerning me as it may relate to consideration of my application for this position. I understand the city will be contacting both individuals suggested by me and others whom I may not have suggested. I release those parties from any and all liability or claims for damage that may result from such.

This release supersedes any agreement I may have previously made to the contrary with any such person, school, employer, or organization.

A photocopy or facsimile of this signed release shall have the same force and effect as the original release signed by me.

Signature _____

Date _____

NEW RICHLAND POLICE DEPARTMENT SUPPLEMENTAL APPLICATION

To be considered for employment as a New Richland Police Chief, it is necessary that you complete this supplemental application. Please answer each question completely even if it means that you may be repeating information already included in your resume. If necessary, you may attach additional sheets.

Your Name: _____

1) List any past or present community service or volunteer work or volunteer law enforcement work. List the type/responsibility of position, length of service, and the organization:

2) List any supervisory experience of any kind. List the type/responsibility of position, length of service, number of persons supervised and the organization:

New Richland Police Officer Supplemental Application
Page two

3) List any certification, awards, or skills you have relative to the position (e.g., EMT, Armorer):

4) Detail past or current employment experiences that involve interfacing with the public on a continual basis (e.g., server, retail clerk/sales, customer service):

7) List all degrees beyond high school degree along with the focus of the degree, the institution, and the date of the degree. Also, if currently pursuing a degree, please list the focus of that degree program, the institution, and the expected completion date:

Informed Consent Form

City of New Richland
203 N Broadway
New Richland, MN 56072
507-465-3514
Wayne Billing, City Clerk

Date: _____

The following named individual has made application with this agency for Chief of Police.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (Full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex (M or F):** _____
(Month/Day/Year)

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Waseca County Sheriff's Office for disclosure to the Clerk of the City of New Richland for the purpose of Employment with this City as Chief of Police, pursuant to Minn. Stat 626.87.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

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 New Richland. 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 New Richland, 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 works 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;

Applicant Data Practices Advisory Continued

- 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.

With the exception of the optional data requested, the data you provide is needed to identify you and you assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the city’s Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you in voluntary.

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 New Richland Human Resources Department at PO Box 57 – 203 N Broadway, New Richland, MN 56072. **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.

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE, 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 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 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 New Richland 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 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 New Richland.

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, 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) (Zip) | | (City) (State) | 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 _____ 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 DD214 or DD215, or other documentation verifying service, 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):

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 New Richland by the required application deadline.

Signature

Date

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 New Richland efforts to ensure affirmative action and equal opportunity.

Please indicate the position(s) for which you are applying:

Please indicate how you heard about this position:

Please place a check in the appropriate blanks:

Gender: Male Female

With which racial/ethnic group do you identify?

Asian or Pacific Islander

African American (Black)

Hispanic

Native American or Alaskan Eskimo

Caucasian (White)

Other (Please indicate: _____)

Based on the above information, do you claim Disability status?

Yes No

A person can show that he or she has a disability in one of three ways:

A person may be disabled if he or she has a physical or mental condition that substantially limits a major life activity (such as walking, talking, seeing, hearing, or learning).

•A person may be disabled if he or she has a history of a disability (such as cancer that is in remission).

•A person may be disabled if he is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if he does not have such an impairment).

City of New Richland Employee Benefits

Employee: All

Annual Salary

As set by City Council per pay grade and scale
Covered By PERA

Medical & Life Insurance

\$3,500 per Person per Year Deductible - \$7,000 per Family

\$1,600 Per Year HSA

Employee Coverage paid by City - Family cost share

\$10,000 Life Insurance paid by City

Section 1.01 Vacation Leave

Vacation Leave Schedule

| Years of Service | Annual Accrual |
|------------------|----------------|
| 1 thru 5 Years | 12 Days |
| 6 thru 10 Years | 15 Days |
| 11 thru 15 Years | 18 Days |
| 16 thru 25 Years | 21 Days |
| Over 25 Years | 24 Days |

(a) Eligibility

Full-time employees will earn vacation leave in accordance with the above schedule.

Part-time employees who work at least 20 hours per week on a regular basis will accrue vacation leave on a prorated basis of the full-time employee schedule.

Part-time employees who work less than 20 hours per week on a regular basis, temporary, casual and seasonal employees will not earn or accrue vacation leave.

(b) Accrual Rate

For the purpose of determining an employee's vacation accrual rate, years of service will include all continuous time that the employee has worked at the city (including authorized unpaid leave). Employees who are rehired after terminating city employment will not receive credit for their prior service unless specifically negotiated at the time of hire. Vacation is accrued monthly on the employees hire date at the hourly rate that correspond to the annual accrual from the date of hire.

(c) Earnings and Use

After six months of service, vacation leave may be used as it is earned, subject to approval by the employee's supervisor.

An employee will not earn any vacation leave for any pay period unless he/she is employed by the city on the last scheduled work day of the pay period. Requests for vacation must be received at least forty-eight (48) hours in advance of the requested time off. This notice may be waived at the discretion of the supervisor and city administrator/clerk. Vacation can be requested in increments as small as one hour up to the total amount of the accrued leave balance. Vacation leave is to be used only by the employee who accumulated it. It cannot be transferred to another employee.

Employees may accrue vacation leave up to a maximum of one-and-a-half (1-1/2) times the employee's annual accrual rate. No vacation will be allowed to accrue in excess of this amount without the approval of the City Council. Vacation leave cannot be converted into cash payments except at termination.

1.1. Sick Leave

Sick leave is authorized absence from work with pay, granted to qualified full-time and part-time employees. Sick leave is a privilege, not a right. Employees are to use this paid leave only when they are unable to work for medical reasons and under the conditions explained below. Sick leave does not accrue during an unpaid leave of absence.

- Full-time employees will accumulate sick leave at a rate of one (1) day per month.
- Part-time employees regularly scheduled to work at least 20 hours per week will accrue sick leave on a pro-rated basis of the full time employee schedule.
- Part-time employees regularly scheduled to work fewer than 20 hours per week will not earn or accrue sick leave.
- Temporary casual and seasonal employees will not earn or accrue sick leave.
- Sick leave may be used only for days when the employee would otherwise have been at work. It cannot be used for scheduled days off.
- Sick leave may be granted in one (1) hour increments.

Sick leave may be used as follows:

- When an employee is unable to perform work duties due to illness or disability (including pregnancy).
- For medical, dental or other care provider appointments.
- When an employee has been exposed to a contagious disease of such a nature that his/her presence at the work place could endanger the health of others.
- To care for the employee's injured or ill children, including stepchildren or foster children, for such reasonable periods as the employee's attendance with the child may be necessary.
- To take children, or other family members to a medical, dental or other care provider appointment.
- To care for an ill spouse, father, father-in-law, mother, mother-in-law, stepparent, grandparent, grandchild, sister or brother.

- Safety leave - Employees are authorized to use sick leave for reasonable absences for themselves or relatives (employee's adult child, spouse, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent) who are providing or receiving assistance because they, or a relative, is a victim of sexual assault, domestic abuse, or stalking. Safety leave for those listed, other than the employee and the employee's child, is limited to 160 hours in any 12-month period.

Pursuant to Minn. Stat. §181.9413, eligible employees may use up to 160 hours of sick leave in any 12-month period for absences due to an illness of or injury to the employee's adult child, spouse, sibling, parent, grandparent, stepparent, parent-in-law (mother-in-law and father-in-law), and grandchild (includes step-grandchild, biological, adopted, or foster grandchild).

After accrued sick leave has been exhausted, vacation leave may be used upon approval of the city administrator/clerk, to the extent the employee is entitled to such leave.

To be eligible for sick leave pay, the employee will:

- Communicate with his/her immediate supervisor, as soon as possible after the scheduled start of the work day, for each and every day absent;
- Keep his/her immediate supervisor informed of the status of the illness/injury or the condition of the ill family member;
- Submit a physician's statement upon request.

After an absence, a physician's statement may be required on the employee's first day back to work, indicating the nature of the illness or medical condition and attesting to the employee's ability to return to work and safely perform the essential functions of the job with or without reasonable accommodation.

Any work restrictions must be stated clearly on the return-to-work form. Employees who have been asked to provide such a statement may not be allowed to return to work until they comply with this provision. Sick leave may be denied for any employee required to provide a doctor's statement until such a statement is provided.

The city has the right to obtain a second medical opinion to determine the validity of an employee's workers' compensation or sick leave claim, or to obtain information related to restrictions or an employee's ability to work. The city will arrange and pay for an appropriate medical evaluation when it is required by the city.

Any employee who makes a false claim for sick leave will be subject to discipline up to and including termination.

Employees must normally use sick leave prior to using paid vacation, or compensatory time and prior to an unpaid leave of absence during a medical leave, except where Parenting Leave under Minnesota law and the medical leave overlap.

Sick leave will normally not be approved after an employee gives notice that he or she will be terminating employment. Exceptions must be approved by the city administrator/clerk.

Sick leave cannot be transferred from one employee to another. There is no maximum accumulation for sick leave.

1.1.1. Severance Pay

Employees leaving the city in good standing will receive 100 percent of their accrued sick leave balance up to a maximum of \$4,000 as compensation (applicable taxes will be withheld) as severance pay.

1.2. Funeral Leave

Employees will be permitted to use up to three (3) consecutive working days, with pay, as funeral leave upon the death of an immediate family member. (Immediate family shall be defined as: spouse, mother, father, stepmother, stepfather, son, daughter, stepson, stepdaughter, brother, sister, stepbrother, stepsister, mother-in-law, father-in-law, brother-in-law, sister-in-law and grandparents and grandchildren). This paid leave will not be deducted from the employee's vacation or sick leave balance.

The actual amount of time off, and funeral leave approved, will be determined by the supervisor or city administrator/clerk depending on individual circumstances (such as the closeness of the relative, arrangements to be made, distance to the funeral, etc.).

1.2.1. Severance Pay

Employees leaving the city in good standing will receive 100 percent of their accrued vacation leave balance as compensation (applicable taxes will be withheld) as severance pay.

1.2.2. Unpaid Leave

Unpaid leaves may be approved in accordance with the city personnel policies. Employees must normally use all accrued annual leave prior to taking an unpaid leave. If the leave qualifies under Parenting Leave or Family and Medical Leave, the employee may retain a balance of forty (40) hours when going on an unpaid leave. Any exceptions to this policy must be approved by the city administrator/clerk.

.Current Pay Scale:

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------|-------|----------|--------|--------|--------|--------|--------|
| Grade | Entry | 6 Months | 1 Year | 2 Year | 3 Year | 4 Year | 5 Year |
| 6 | 18.92 | 19.87 | 20.85 | 21.28 | 21.70 | 22.14 | 22.58 |