

Personal Information: Last Name

Street Address

Wayzata Police Department

First Name

City

Employment Application

State

Middle Name

Zip

Home Phone	Email		Driver License Number		
Employment History: Beginning with your most current jo	ob, list your	employment history for the pa	ast ten years		
Employer #1		osition	<u> </u>	From:	
Supervisor	Ph	Phone		То:	
Employer #2	Po	Position		From:	
Supervisor	Ph	none		To:	
Employer #3	Po	osition		From:	
Supervisor	Ph	none		To:	
Employer #4	Po	osition		From:	
Supervisor	Ph	none		To:	
Residences: Beginning with your most recent re	sidence list	your resident history for the n	ast ten vears		
Street Address	sidence, fist	your resident instory for the p	ast ten years		From (Month and Year)
City, State, Zip					То
Street Address					From (Month and Year)
City, State, Zip					То
Street Address					From (Month and Year)
City, State, Zip					То
Street Address					From (Month and Year)
City, State, Zip					То

References:

Last Name	First Name	Initial	Home Phone	
Street Address	City	State, Zip	Work Phone	
Last Name	First Name	Initial	Home Phone	
Street Address	City	State, Zip	Work Phone	

Education:

School:	From: (Month and Year)
Street Address	То:
City, State, Zip	Degree or Diploma Obtained
School:	From: (Month and Year)
Street Address	To:
City, State, Zip	Degree or Diploma Obtained
School:	From: (Month and Year)
Street Address	To:
City, State, Zip	Degree or Diploma Obtained
School:	From: (Month and Year)
Street Address	To:
City, State, Zip	Degree or Diploma Obtained

Are you eligible to work in the United States in the position which you are applying?	
(Proof of citizenship or work eligibility will be required as a condition of employment)	\square Yes \square No
Are you at least 18 years old?	\square Yes \square No
Have you ever been convicted of a crime? If yes, attach explanation.	\square Yes \square No
Do you currently possess a valid driver's license? If no, attach an explanation	\square Yes \square No
Do you possess a Minnesota POST Board license? (#)	\square Yes \square No
Are you eligible to be licensed by the Minnesota POST Board?	□ Yes □ No
Are you able to lawfully carry a firearm in Minnesota?	\square Yes \square No
Do you wish to apply for the Veterans' Preference points?	\square Yes \square No
If you answered "yes" you must complete the enclosed application for Veterans' Profesence points, and submit	

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

Where did hear about this job opportunity?

Successful applicants must complete:

- Written Exam
- Oral Interview
- Background Investigation

- Medical Examination
- Psychological Evaluation
- Field Training Program

Skills and Experience: Please write or print (do not type) a short autobiographical history. Include any experiences or skills relevant to the position.
List any current licenses, registration, or certificates you possess which may be related to this position:

Authorization:

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

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

Signature:	Date:	
_		

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)

DOCUMENTATION MUST BE RECEIVED BY THE APPLICATION DEADLINE OF THE POSTING IN ORDER TO BE CONSIDERED.

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 City of Wayzata 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, and 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 Wayzata.

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.

Signature			-	Date	
•	City of Wayzata by the re	_	•	•	
		-			iformation given is true, complete and corrections' Preference verification documents and
unable to qualify for	this position because (be	e specific):			
How does Veteran's	disability prevent perform	mance of a state	d job "requir	ement?" Due to the veteran's se	ervice-connected disability the veteran is
("Member Copy 4" o	f DD214 or DD215 and U	SDVA letter of d	isability ratin	g decision of 10% or more must	be submitted to receive points.)
SPOUSE OF DISABLE	D VETERAN (15 points):			ш ш	
Date of De	ath:	Have you re	married?	Yes No	
•	•	_	•	nts if you have remarried or wer	e divorced from the veteran.)
					proof veteran died on or as a result of active
	ED VETERAN (10 points o			•	
Have you e	er been promoted with	in the city of W	ayzata cilipio	J. 163	
Percent of	Disability:% ever been promoted with	in the City of W	avzata emplo	vment?	No
		er of disability ra	iting decision	of 10% or more must be submit	tted to receive points)
DISABLED VETERAN			ata a al astata a	- £ 4.00/	thank to make the make the total
•	discharged veteran		Yes	No	
("Member Copy 4" o	f DD214 or DD215 must l	be submitted to	receive point	rs)	
VETERAN (10 points	<u>)</u> :				
Address (Street)	(City)	(State)	(Zip)	Phone Number	Are you a US Citizen or Resident Alien? YES NO
, ,		, ,		·	Position For Which You Applied Closing Date:
Name (Last)	(First)	(MI)		Social Security Number	T

INFORMATION REGARDING CLAIMING VETERANS' PREFERENCE

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 <u>Minnesota Department of Veterans Affairs and the Minnesota Association of County Veterans Service Officers.</u>

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 of 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 vour salary:
- You 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;
- You 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.

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.