



City of Buhl

P.O. Box 704

300 Jones Avenue

Buhl, MN 55713-0704

Office: 218-258-3226 Fax: 218-258-3796

Date Received: _____

The City of Buhl 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 City Hall at the above phone number.

Personal Information

Last Name	First Name	Middle Initial	Today's Date
Street Address	City	State	Zip Code
Phone: _____ Email: _____ Are you 18 or over? ____Yes ____No	Are you a United States Citizen or legally eligible to work in the U.S.? ____Yes ____No <i>(if hired you will be required to provide documentation that you are eligible to work in the U.S.)</i> Are you a full-time student? ____Yes ____No		
Position Applying For:	Date Available to Work:		
Have you been previously interviewed or employed by the City of Buhl? ____Yes ____No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for the City of Buhl? ____Yes ____No If Yes, list names and relationship to you:			
Are you employed now? If so, may we contact your present employer? ____Yes ____No			

Education

Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical School			

Employment History

Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		
Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		
Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

References: Please list names of supervisors, managers, or others who can comment directly on your abilities:

Name	Address	Phone #	Relationship/Occupation	Yrs. Known

If applying for Public Works Position, Please indicate whether you hold the following valid drivers licenses:

Class A _____ Class B _____ Class C _____

Drivers License Number: _____ State Issued: _____

Election of Veteran's Preference

Do you wish to claim a veteran's preference? _____ Yes _____ No

If so please check the preference you are claiming.

____ Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorable discharged by reason of disability incurred while on active duty.

____ Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).

____ Spouse of deceased veteran.

____ Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Signature: _____ Date: _____

The City of Buhl is an Equal Opportunity Employer. It is the policy of the City of Buhl not to discriminate in employment matters on the basis of race (including traits associated with race, including, but not limited to, hair texture and hair styles such as braids, locs and twists) 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.

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

With my signature below, I am providing the City of Buhl 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 Buhl 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: VETERANS' PREFERENCE POINTS CANNOT BE CONSIDERED WITHOUT SUPPORTING DOCUMENTATION. ATTACH COPY OF "VETERAN'S DD214 COPY 2, 4 or 6), OR OTHER DOCUMENTATION VERIFYING MILITARY SERVICE. DOCUMENTATION MUST BE RECEIVED WITHIN 7 DAYS OF THE APPLICATION DEADLINE OF THE POSTING IN ORDER TO BE CONSIDERED. (VETERAN IS DEFINED BY MINN. STAT. § 197.447)

You must submit a PHOTOCOPY of your DD214 (Copy 2, 4, or 6) or other documentation verifying military 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 DD214, or other documentation verifying military service, contact your County Veterans' Service Office.

The City of Buhl operates under a point preference system, which awards points to qualified veterans to supplement their application. After receiving a passing score, 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, 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 once when applying for the first promotion after securing public employment.

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 DD214 Copy 2, 4 or 6), or other documentation verifying military 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)	Phone Number	(Circle) Are you a US Citizen or Resident Alien?
(Zip)				Y N

VETERAN (10 points):

(DD214 or DD215, Copy 2, 4, or 6, or other documentation verifying military service, must be submitted to receive points)

Honorably discharged veteran: ☐ Yes ☐ No

DISABLED VETERAN (15 points):

(DD214, Copy 2, 4 or 6, or other documentation verifying military service, and USDVA Summary of Benefits Letter showing a compensable service connected disability rating decision, usually 10% or more must be submitted to receive points)

Percent of Disability: ____ %

Have you ever applied for promotion in public employment? ☐ Yes ☐ No

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

(Veteran's DD214 or DD215, or other documentation verifying military service, photocopy of marriage certificate, spouse's death certificate and proof veteran is deceased 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):

(Veteran's DD214 or DD215, Copy 2, 4, or 6, or other documentation verifying military service, photocopy of marriage certificate, and USD VA Rating Decision showing a compensable service connected disability rating decision, usually of 10% or more, and which shows the nature of the disability, 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 Buhl by the required application deadline.

Signature

Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.447, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of disability incurred while serving on active duty, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by Code of Federal Regulations title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty under Title 10 of the United States Code, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of your DD214 or DD215, Copy 2, 4, or 6, or other documentation verifying military service. This copy must state the character of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision or Summary of Benefits Letter that supports/verifies the fact that the veteran has a compensable Service connected disability.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215 Copy 2, 4, or 6, or other documentation verifying military service, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of Buhl. Please contact our office at (218) 258-3226 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

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 Buhl appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:

Gender: ☐ Male ☐ Female

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

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

TENNESSEN WARNING
APPLICANT DATA PRACTICES ADVISORY

In accordance with the Minnesota Government Data Practices Act, the City of Buhl is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications for the City of Buhl.

You are not legally required to provide this information; however, providing it may be necessary to determine if you qualify for employment. Disclosure of your social security number is voluntary, unless you are employed by the City of Buhl. If employed by the City, you must disclose it in order to be in compliance with state and federal tax withholding laws. If you do not supply the required information, the City of Buhl may not be able to consider you for employment. The use of the provided data we collect is limited to individuals whose jobs reasonably require access to this information. Persons or agencies with whom this information may be shared include:

1. City Administration Staff
2. City Council
3. Managers and Supervisors of departments where job openings occur.

Unless otherwise authorized by state statutes or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you.
2. The right to be told the contents and meaning of the data.
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the City Clerk of the City of Buhl.

I have read and understand the above information regarding my rights under the Minnesota Government Data Practices Act.

Signature

Date

Print Name

Address