

#### CITY OF OSSEO

415 CENTRAL AVENUE OSSEO, MN 55369-1195

P 763.425.2624 F 763.425.1111

WWW.DISCOVEROSSEO.COM

Today's data

### **Application for Employment**

We welcome you as an applicant for employment with the City of Osseo. It is the City of Osseo's policy to provide equal opportunity in employment. The City of Osseo 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, so we may accurately and completely assess your qualifications. You may attach any other information which 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 your information, and more.

The City of Osseo 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 Administrator Riley Grams at 763-425-3861.

			Today Suate.	
Personal Inforr	mation			
Name:	(Last)	(First)	(MI)	
Street Address	3			
City, State, Zip				
DI N I			All D	
Phone Numbe	r		Alternate Phone	
Email				
EIIIdii				
Please print in	INK or type when comp	leting this application.		
litle of positioi	n applying for:			
			r which you are applying?Yes	No
Proof of citizen	ship or work eligibility w	ill be required as a condition o	of employment.	

## **Educational Information**

12345678	9 10 11 12 GED	13 14 15 16	MA MS PHD JD
Grade School	High School	College/Technical	Graduate
Did you graduate:	YesNo	YesNo	YesNo
(Please check)	High School	College/Technical	Graduate JD
School Name	Address	Course of study	Degree
High School:		,	5
College:			
Graduate School:			
Technical/Vocational:			
Other:			
Other:			
s position:		ing you have that may provi	

# **Employment Experience**

List present or most recent employer first. Please note "see resume" is <u>not</u> an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application.

Employer	Address
Phone No.	Last job title
Dates employed: From	_То
Hours worked/week	Last supervisor name
Work performed in this job	
Reason for leaving	
May we contact this employer?Yes _	_No
Frankria	A diduces
Employer Phase No.	
Phone No.	
Dates employed: From	
Hours worked/week	Last supervisor name
Work performed in this job	
Reason for leaving	
May we contact this employer? Yes	No

Employer	Address
Phone No.	
Dates employed: From	
Hours worked/week	Last supervisor name
Work performed in this job	
Reason for leaving	
May we contact this employer?Yes _	
, , _	
Employer	Address
Phone No.	Last job title
Dates employed: From	_To
Hours worked/week	Last supervisor name
Work performed in this job	
Reason for leaving	
1	

# **Unpaid Experience**

Describe any unpaid or volunteer experience relevant to the position for which you are applying (you may exclude, 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?YesNo
Describe your duties:
Do you wish to apply for Veterans' Preference points:YesNo
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 Osseo by the application deadline of the position for which you are applying.
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 for which I am applying. I further acknowledge my understanding that employment with the City of Osseo is "at will," and that employment may be terminated by either the City of Osseo or me at any time, with or without notice.
With my signature below, I am providing the City of Osseo 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 Osseo 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 "MEMBER COPY 4" VETERAN'S DD214 OR OTHER DOCUMENTATION VERIFYING SERVICE. DOCUMENTATION MUST BE RECEIVED BY 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 "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 Osseo 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. Veterans' 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 Osseo.

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	ou Applied
			Closing Date	
Address (Street)	(City)	(State/Zip)	Phone Number	Are you a US Citizen or
				Resident Alien?
				YESNO

VETERAN (10 points):
"Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points)
Honorably discharged veteranYesNo
Page 6 ————

<b>DISABLED VETERAN</b> (15 points):	
("Member Copy 4" of DD214, or other docu	mentation verifying service, and USDVA letter of disability rating decision
of 10% or more must be submitted to receive	re points)
Percent of Disability:%	
Have you ever been promoted with	n the City of Osseo employment?YesNo
· · · · · · · · · · · · · · · · · · ·	or 15 if the veteran was disabled at time of death):
• •	ther documentation verifying service, photocopy of marriage certificate,
·	died on or as a result of active duty must be submitted to receive points.
	ve remarried or were divorced from the veteran).
Date of Death:	Have you remarried?YesNo
CDOUGE OF DICABLED VETERAN (15 moints)	
SPOUSE OF DISABLED VETERAN (15 points)	: ther documentation verifying service, and USDVA letter of disability rating
decision of 10% or more must be submitted	, -
decision of 10% of more must be submitted	to receive points).
How does Veteran's disability prevent perfo	rmance of a stated job "requirement?" Due to the veteran's service-
	qualify for this position because (be specific):
connected disability the veteral is unable to	y quality for this position because (se specific).
given is true, complete, and correct to the l	rence points for this examination and swear/affirm that the information pest of my knowledge. I hereby acknowledge that I am responsible to erification documents and submit them to the City of Osseo by the
given is true, complete, and correct to the l obtain the required Veterans' Preference v	pest of my knowledge. I hereby acknowledge that I am responsible to
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### Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, 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 service connected disability, or
  - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, 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 the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service. This copy must state the nature 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 that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not quality for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, or other documentation verifying service, USDVA verification that veteran died on or as a result of active duty, 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 Osseo. Please contact our office at 763-425-2624 or your local County Veterans Service Office if you have any questions regarding veterans' preference.

### **Applicant Data Practices Advisory**

According to Minn. Stat. § 13.04, the City must advise you of the following.

Purpose and intended use of the data:

• The City collects this information for purposes of selecting a candidate for hire. Your data will be used to consider you for hire. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, including using the BCA's website.

Whether you may refuse or are legally required to supply this data:

• Application for employment as well as supplying any data in application for employment is voluntary.

Consequences arising from supplying or refusing to supply this data:

• We take pride in hiring the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the City you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.