



SEASONAL/TEMPORARY APPLICATION FOR EMPLOYMENT

Date Received

We welcome you as an applicant for employment for the CITY OF HUTCHINSON. We are committed to a policy of equal opportunity in employment without regard to race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, or genetic information, and any other category protected by law. Complete the application in its entirety-remember to sign the back page. Write legibly. Be specific for work preference.

NAME: _____ DATE: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

College Address (if applicable): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Daytime/Cell Phone: _____ Email: _____

Do you have a Social Security Number? Yes No Are you legally eligible to work in the U.S.? Yes No

Are you 16 years of age or older? Yes No Are you 18 years of age or older? Yes No

MARK POSITION(S) APPLYING FOR:

Spring/Summer Positions

- Aquatic Center Attendant
- Bike/Park Patrol
- Cemetery Mowing/Maintenance
- Compost Site Monitor
- Concessions Attendant
- Election Judge
- Field Maintenance
- Forestry Groundworker
- Head Lifeguard
- Ice Arena Attendant
- Lifeguard
- Park Maintenance
- PRCE Office Staff
- Public Works/Streets Laborer
- Rec Center Attendant
- Swim Lesson Instructor
- Swim Lesson Supervisor
- Tournament Supervisor
- Water/Wastewater Laborer
- Other _____

Fall/Winter Positions

- Ice Arena Attendant
- Ice Skating Instructor
- Park Maintenance
- Public Works Maintenance
- Rec Center Attendant
- Scorekeeper
- Snow Removal
- Warming House Attendant
- Other _____

EDUCATION

Highest grade completed (please circle) High School College Graduate School

9 10 11 12 / GED 13 14 15 16 1 2 MA PHD JD

SCHOOLS

Type	Name/Location	Degree Earned	Major / Minor	Average Grade
High School				
College/ University				
Graduate				

AVAILABILITY

Dates Available for Employment: Start: _____ End: _____

Work Availability? Day Evening Weekend Weekly work availability: 10-20 hrs. 20-40 hrs. More than 40 hrs.

Do you plan to have a secondary position if in our employ? Yes No If yes, please explain: _____

Do you need specific dates or times off during the work season? Yes No If yes, please explain: _____

EMPLOYMENT HISTORY

List your employment history-beginning with your most recent employment.

Were you previously employed by the CITY OF HUTCHINSON? Yes No Position/Date: _____

1. Employer Name and Address

From: _____ To: _____

Supervisor: _____

Work Phone: _____

Reason for Leaving: _____

Job Title and Duties: _____

2. Employer Name and Address

From: _____ To: _____

Supervisor: _____

Work Phone: _____

Reason for Leaving: _____

Job Title and Duties: _____

3. Employer Name and Address

From: _____ To: _____

Supervisor: _____

Work Phone: _____

Reason for Leaving: _____

Job Title and Duties: _____

May we contact your employer(s) for references? Yes No If no, please explain: _____

VOLUNTEER OR COMMUNITY ACTIVITIES

Organization	Activity	Phone #

QUALIFICATIONS FOR THE POSITION

STATEMENT OF INTEREST: Give a brief statement of why you are interested and qualified for the position for which you are applying.

PROVIDE ADDITIONAL INFORMATION, if any, the City of Hutchinson should be aware of in considering your application for employment.

RECREATIONAL POSITION APPLICANTS: List applicable courses and/or experiences which qualify you for the position for which you have applied.

MAINTENANCE / LABOR APPLICANTS: List applicable machine / equipment operation, courses, and/or experiences that qualify you for the position for which you are applying.

W.S.I. AND LIFEGUARD APPLICANTS: List applicable courses and/or other experiences which qualify you for the position for which you are applying.

Place an "X" on the box indicating your current certification and the expiration date of the certification. Check the type of lifeguard training you have received.

- | |
|--|
| <input type="checkbox"/> First Aid |
| <input type="checkbox"/> WSI |
| <input type="checkbox"/> Lifeguard Training: <input type="checkbox"/> Ellis <input type="checkbox"/> Red Cross <input type="checkbox"/> YMCA |
| <input type="checkbox"/> CPR/PR |

Expiration Date: _____
Expiration Date: _____
Expiration Date: _____
Expiration Date: _____

OTHER APPLICANTS: List applicable courses and/or experiences which qualify you for the position for which you are applying.

ANSWER THIS QUESTION ONLY IF POSITION FOR WHICH YOU ARE APPLYING REQUIRES A DRIVER'S LICENSE.

Do you have a valid driver's license? Yes No If yes, which state? _____ Class? _____

READ CAREFULLY AND SIGN

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. I agree and understand that any false statements or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I acknowledge that none of the statements made in this application are intended to be, nor should be construed as a contract between the City and myself.

I authorize the City of Hutchinson to verify the information I have provided in this Employment Application. I hereby authorize all current and previous employers to release job-related information to the City of Hutchinson. However, I understand that if, in the Employment Record section, I have answered "No" to the question, "May we contact your present employer?", contact with my current employer will not be made without my specific authorization.

Applicant's Signature: _____

Date: _____

NOTICE OF DRUG AND ALCOHOL TESTING POLICY

The City of Hutchinson (the City) has adopted a Drug and Alcohol Testing Policy. Generally, the Policy prohibits the use and possession of drugs and alcohol at work. It also prohibits being at work under the influence of drugs or alcohol. The Drug and Alcohol Testing Policy applies to all employees and job applicants. Copies of the Policy have been distributed to all employees and are also available from the City's management. All employees are asked to read and become familiar with the City's Policy. You have the right to refuse to be tested for drugs or alcohol. However, such refusal may result in your discharge.

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Hutchinson 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.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data: 1. Name, 2. Home address, 3. Home phone number, 4. Disability type. Your name, however, may become public upon consideration as a finalist for a job opening.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be a job related considering affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient. The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Hutchinson and the policies, rules, and regulations promulgated pursuant thereto.

FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the City of Hutchinson Offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this.

Witness my signature that I fully understand the contents of this warning.

Signature of Applicant _____

Date: _____



HUTCHINSON

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

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 Hutchinson 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 Hutchinson.

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.

(Veteran is defined by Minn. Stat. § 197.447)

Name (Last)	(First)	(MI)	Position For Which You Applied		
			Closing Date:		
Address (Street)	(City)	(State)	(Zip)	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 Hutchinson 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 Hutchinson by the required application deadline.

Signature

Date

For Office Use Only
 15 Points
 10 Points



Equal Employment Opportunity Information

HUTCHINSON

A CITY ON PURPOSE.

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following 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 Hutchinson appreciates your cooperation in our 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): _____

Disability status, defined as:

1. Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;
2. Has a record of such an impairment (condition);
3. Is regarded as having such impairment (condition).

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

_____ Yes _____ No