Application for Employment

We welcome you as an applicant for employment with the City of Avon. It is the City of Avon's policy to provide equal opportunity in employment. The City of Avon 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 Avon 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 Jodi at 320-356-7922.

ivame:	(Last)	(First)	(IVII)	
Street Address				
City, State, Zip				
Phone Number		Alterr	nate Phone	

Personal Information

Email

Please print in INK or type when completing this application						
Title of position applying for:						
Are you legally eligible to work in the United States in the position for \Box Yes \Box					□ Yes □ No	
which you are applying					162 - 140	
Proof of citizenship or	The same state of the same of	o ro	auired es e conditio	n of		
employment.	Work engionity will be	0 100	quirea as a condition	101		
Will your continued er	nnlovment require er	mnlc	over snonsorshin?"			
		пріс	yer sponsorsing:		□ Yes □ No	
Are you at least 18 ye	ars old?				☐ Yes ☐ No	
	F. C.					
	Educationa	AI I	nformation			
Circle the highest grad	de completed					
12345678	9 10 11 12 GED		13 14 15 16		MA MS PHD JD	
Grade School	High School	1	College/Technical		Graduate	
Did you graduate:	☐ Yes ☐ No	□ Yes□ No		□Yes□No		
(Please check)	High School	College/Technical		Gr	Graduate JD	
School Name Address Course of study		Dogra				
High School:	Address		Course of study	Degre	:6	
		*(
College:						
Graduate School:			l			
Technical/Vocational:						
					*	
Other:						
				_		
Other:	=					
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List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:	ou
ist any current licenses, registrations, or certificates you possess which may be relate o this position:	эd
League of Minnesota Cities Model Form:	2018

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.

Company	Name of last supervisor	Hrs./Week
Address	Start Date	
City, State, Zip	End Date	
Phone Number	Last job title	t 8 a
Reason for leaving (be specific):	g 80 g 4 9	
Describe your work in this job:		
May we contact this employer?	□ Yes □ No	

Company	Name of last supervisor	Hrs./Week
Address	Start Date	
City, State, Zip	End Date	
Phone Number	Last job title	a .
Reason for leaving (be specific):		
Describe your work in this job:		
F 5	3	
May we contact this employer?	Yes □ No	
Company	Name of last supervisor	Hrs./Week
Address	Start Date	ı
City, State, Zip	End Date	
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer?	∃Yes □No	

Company	Name of last supervisor	Hrs./Week
	, p	
Address	Start Date	ğ
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City, State, Zip	End Date	
e e	·	
Phone Number	Last job title	9
	0	se *
Reason for leaving (be specific):		9
¥		
Describe your work in this job:		а и
May we contact this employer?	∃Yes □ No	

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? ☐ 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 Avon 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/s for which I am applying. I further acknowledge my understanding that employment with the City of Avon is "at will," and that employment may be terminated by either the City of Avon or me at any time, with or without notice.
With my signature below, I am providing the City of Avon 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 Avon in writing of any changes to information reported in this application for employment.
Signature

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 Avon 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 Avon.

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)	t) (First) (MI)		Position For Which You Applied			
				Closing Date:		
Address (Street)	(City)	(State)	(Zip)	Phone Number	Are you a US C	itizen or Resident
					Alien?	
					☐ YES	□ NO
		or other docu	umentatio	n verifying service, must be ☐ Yes ☐ No	e submitted to rec	eive points)
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 Avon employment? Yes No						
riave you e	ver been promoted	Within the O	ity of Avoi	remployment		
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).						

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
 - 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 qualify 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 Avon. Please contact our office at 320-356-7922 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 Avon 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 Tribunal affiliation or community				
recognition				
□ Caucasian/White				
□ Asian				
□ Native Hawaiian or other Pacific Islander				
☐ Two or more races				
Disability status, defined as:				
 Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning); Has a history of a disability (such as cancer that is in remission); Is regarded as having such an impairment. Do you claim disability status?				

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. 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.