



Completed applications **must** be received by the City Administrator's office by 5:00 p.m. on **April 28, 2010**.

Position(s) Applying For: _____

Print Your Name: _____

◆ APPLICATION INSTRUCTIONS

To ensure that your application will be accurately processed:

- (1) Make sure the application is completed in its entirety. Make sure to list all tools and/or equipment you have experience with. In addition, please indicate any and all experience you may have had such as babysitting, mowing lawns, etc... Incomplete applications may lose credit or be removed from further consideration. **Attach résumé or additional information for consideration only upon request.** Make copies of the necessary licensure and attach to application, prior to submission to City Administrator's office. Do NOT provide copies of your social security card, birth certificate or other legal documents.
- (3) Applications received after the advertised closing date deadline will not be accepted unless otherwise stated in the job announcement. Faxed, emailed and/or late applications will not be accepted.
- (4) Applications for seasonal positions will be maintained on an eligibility list until the deadline indicated. Applicants may be contacted later in the eligibility period to determine their interest in and availability to assume other seasonal positions with the City.

RETURN COMPLETED APPLICATION BY STATED DEADLINE TO:

City of Saint Peter - City Administrator's Office
227 South Front Street
Saint Peter, Minnesota 56082
Phone: (507)934-0663

APPLICATION FOR SEASONAL EMPLOYMENT

◆ PERSONAL INFORMATION

NAME/ADDRESS/PHONE:

First Name: _____ Last Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Between hours of _____ and _____

Telephone: _____ Between hours of _____ and _____

Email (if any): _____

LICENSES/CERTIFICATES (COMPLETE ONLY IF REQUIRED FOR THE POSITION):

- 1) Driver's License #: _____
- 2) List other licenses or certificates you possess that **are relevant to the position** you are applying for (i.e., Water Safety Instructor's Certificate, CPR, First Aid, etc.):

Type of License or Certificate	Licensing Agency	Expiration Date	License Number
★ IMPORTANT....Attach a copy of each license or certificate, PRIOR to submission of application ★			

WORK AVAILABILITY/QUALIFICATIONS:

When are you available to work (date/s)? _____

Will you be 18 years of age or older when the job starts?..... No Yes

Will you be 16 years of age or older when the job starts?..... No Yes

Will you be a high school graduate or have a GED when the job starts?..... No Yes

Have you previously been employed by the City of Saint Peter?..... No Yes

If yes, explain: _____

EDUCATION

Educational Institution	Name and Address of Institution	Course (Major/Minor)	Level of Education	Did you Graduate (Y/N)	List Diploma or Degree Awarded
High School					
College					
Other (Specify)					

◆ EMPLOYMENT HISTORY

PRESENT OR MOST RECENT EMPLOYEREmployer: _____ May we contact this employer? No Yes

Employer Address: _____

Supervisor's Name & Title: _____

Your Job Title: _____

Your Duties & Responsibilities: _____

Dates of employment _____

Tools/equipment you have experience with _____

PREVIOUS EMPLOYEREmployer: _____ May we contact this employer? No Yes

Employer Address: _____

Supervisor's Name & Title: _____

Your Job Title: _____

Your Duties & Responsibilities: _____

Dates of employment _____

Tools/equipment you have experience with _____

PREVIOUS EMPLOYEREmployer: _____ May we contact this employer? No Yes

Employer Address: _____

Supervisor's Name & Title: _____

Your Title: _____

Your Duties & Responsibilities: _____

Dates of employment _____

Tools/equipment you have experience with _____

◆ REFERENCES

List people who know you well, preferably from a work environment and not an acquaintance or relative.

Name _____ Address _____

Home Phone _____

Work Phone _____ Occupation _____

Name _____ Address _____

Home Phone _____

Work Phone _____ Occupation _____

Name _____ Address _____

Home Phone _____

Work Phone _____ Occupation _____

◆ CLAIM FOR VETERAN'S PREFERENCE

The eligibility requirements for veteran's preference are listed below. Read them carefully to see if you qualify. If you do wish to receive preference, be sure to complete this section. Providing the information in this section is voluntary. You must do so if you wish to obtain the preference.

Veteran Eligibility for Open Competitive Position (5 Points)

Must be a U.S. Citizen or resident alien who has separated under honorable conditions:

- (1) After serving on active duty for 181 consecutive days, or
- (2) By reason of disability incurred while serving on active duty.

Disabled Veteran Eligibility for Open Competitive Position (10 Points)

Must have a compensable service connected disability as adjudicated by the United States Veteran's Administration or by the Retirement Board of the several branches of the armed forces and the disability must exist at the time preference is claimed.

Disabled Veteran Eligibility for Promotional Position (5 Points)

Must, at the time of election to use preference, be entitled to disability compensation for a permanent service-connected disability rated at 50% or more and the position for which you are applying must be the first promotion after entering public employment.

Eligibility as a Spouse of a Deceased or Disabled Veteran

Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who, because of a disability, is unable to qualify for the particular position due to his/her disability and who would have or does meet the criteria for one of the above-listed preferences.

ALL APPLICANTS CLAIMING VETERAN'S PREFERENCE MUST ATTACH A COPY OF HIS/HER FORM DD214. FAILURE TO DO SO MAY RESULT IN LOSS OF VETERAN'S PREFERENCE ELIGIBILITY.

City of Saint Peter Veteran's Preference Claim Form

For V.A. Use Only: Is the veteran named below rated as having a compensable service-related disability?

No Yes % of Disability _____ By _____ Date _____

Name of Veteran (last – first – middle)

Name of Applicant – if different than veteran (last – first – middle)

Address _____ City _____ State _____ Zip _____

Classification _____

To Be Completed by Veteran or Spouse of Deceased Veteran

- (1) Are you a U.S. Citizen or resident alien? No Yes
- (2) Were you honorably discharged from military service? No Yes
- (3) Were you separated from military service after serving active duty for at least 181 consecutive days? No Yes
- (4) Do you currently have a compensable service-related disability? No Yes
- (5) Are you currently receiving a monthly pension based exclusively on length of military service? No Yes
- (6) Branch of Service _____ Date of Discharge _____ Serial Number _____
Type of Separation _____ Date of Entry _____
For spouse of deceased veteran, date of death _____

If Spouse of Disabled Veteran, please answer the following:

If spouse is disabled, please explain why your spouse does not qualify for this position: _____

Claim Number (if disabled) _____ State Claim is Filed In _____

(X) _____
Signature of Veteran _____ Social Security Number _____ Date _____

City of Saint Peter

DEPARTMENT OF RECREATION/LEISURE SERVICES

2010

SEASONAL JOB OPENINGS – 2nd Recruitment Process

The eligibility list for these positions will be maintained until August 31, 2010.

★ RETURN ALL SHEETS WITH YOUR APPLICATION ★

I have work experience and/or am interested in the following position(s) and area(s):

A condition of employment shall be successful completion of a background investigation.

_____ **Head Lifeguard:** Duties include supervision of aquatics personnel, pool patrons, and pool facility. Must have three years of lifeguard experience. Current WSI, LGT, First Aid and CPR certificates required. Strong leadership background. **Minimum age: 18.**

_____ **Sports Program Coordinator** – Train and supervise staff, organize and implement summer sports programs (Baseball, Soccer, special events, etc.) Need strong organizational, motivational, planning and leadership skills. Experience with school age children. 35-40 hours/week. Available mid-May to end of August. **Minimum age: 16**

_____ **Recreation Leaders** – Responsibilities include implementing youth summer recreation and sports programs and special events. Previous experience working with youth desired. Strong leadership and organizational skills required. Mid-May to Mid/end August. 35-40 hours per week. **Minimum age: 16**

★★★

Yes / No **If the position(s) selected above are not available, would you be interested in working for the City in one of the other above listed positions if qualified?**

Comments: _____

1. To qualify for any of the above positions applicants must pass a pre-employment background check.
2. Public Works Department positions and Aquatics Program positions also require candidates to complete and pass a pre-employment physical and drug test and candidates will be subject to post-accident, random, reasonable suspicion, return to duty, and follow-up drug and alcohol testing.
3. Public Works Department positions also require a valid Class C or D driver's license and all candidates must be at least eighteen (18) years of age.

◆ **TENNESSEN WARNING**

In accordance with the Minnesota Government Practices Act, the City of Saint Peter is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment at the City of Saint Peter. All data collected is considered private except for the following:

- | | |
|--------------------------------------|--------------------------------|
| 1. Your veteran's status | 4. Your job history |
| 2. Relevant test scores | 5. Your education and training |
| 3. Your rank on our eligibility list | 6. Your work availability |

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of the City of Saint Peter. 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, to appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the City of Saint Peter in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City to monitor protected class employment and to meet federal, state, and local reporting requirements.

◆ **EMPLOYEE CERTIFICATION**

Before signing this application, please read the following waiver carefully.

1. I have read and understand the job announcement for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge. I understand that **incomplete** or **inaccurate** information may result in disqualification of this application.
2. I authorize all current and previous employers to release job related information upon the written request of the City of Saint Peter and any agent on its behalf. However, I understand that if, in the Employment History section, I have answered "no" to the question "May we contact this employer?," contact with the employer will not be made without specific authorization.
3. I authorize the City of Saint Peter and any agent acting on its behalf to verify all job-related information on this application to determine whether or not I am qualified for the position for which I am applying. Moreover, I hereby release the City of Saint Peter and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.
4. I understand that providing false information on this application may result in dismissal from any position gained on the basis of that false information.
5. I understand that this application **is not**, nor intended to be a contract of employment.
6. I declare that I have read and understand the information about the Minnesota Data Practices Act given above in the Tennesen Warning.

APPLICANT SIGNATURE: X _____ **Date:** _____