



APPLICATION FOR EMPLOYMENT

The Western Lake Superior Sanitary District welcomes you as an applicant. It is WLSSD's policy to provide equal opportunity in employment. The WLSSD will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability or sex.

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. This application will remain active for 6 months.

The WLSSD 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 Human Resources at 218-722-3336.

PERSONAL INFORMATION

NAME: _____		
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	EMAIL: _____	

Title of position applying for:

Are you legally eligible to work in the United States? Yes No

Proof of citizenship or work eligibility will be required as a condition of employment.

Are you at least 18 years old? Yes No

FORMAL EDUCATIONAL INFORMATION

Did you graduate from High School/receive GED? <input type="checkbox"/> Yes <input type="checkbox"/> No								
College, University, or Professional School <i>(list all undergraduate and graduate work)</i> <i>Attach copies of related transcripts if requested</i>		Dates of Attendance Month/Year		Number of Credits		Degree		Major and Minor Subjects
Name	Location	From	To	Quarter	Semester	Type AA, BS, MBA, etc.	Date Rec'd or anticipated	
Business, Correspondence, Trade, Technical or Vocational School, or Professional Certification <i>Attach copies of related transcripts if requested</i>		Dates of Attendance Month/Year		Number of Credits		Degree		Major and Minor Subjects
Name	Location	From	To	Quarter	Semester	Type AA, BS, MBA, etc.	Date Rec'd or anticipated	

Licenses and/or certificates held: _____

Describe specific skill training you have related to the position you are applying; include skills, special training programs, participation in professional organizations, etc.: _____

MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <i>(if yes, please complete Veteran's Preference page)</i> <input type="checkbox"/> No Branch: _____ Type of Discharge: _____ Description of relevant experience for position applying for: _____ _____ _____
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WORK EXPERIENCE

Please complete beginning with most recent experience first. Please add additional pages if necessary.

Name of Employer: _____

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

Dates employed:
From: _____ To: _____ Title: _____

Job Duties: _____

Salary: _____

If currently employed, may we contact this employer: ____ Yes ____ No

Reason for leaving: _____

Name of Employer: _____

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

Dates employed:
From: _____ To: _____ Title: _____

Job Duties: _____

Salary: _____

Reason for leaving: _____

Name of Employer: _____

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

Dates employed:
From: _____ To: _____ Title: _____

Job Duties: _____

Salary: _____

Reason for leaving: _____

Please describe any volunteer experience relevant to the position for which you are applying for:

REFERENCES

Name: _____

Personal/Professional _____

Occupation: _____

Address: _____

Phone: _____

Name: _____

Personal/Professional _____

Occupation: _____

Address: _____

Phone: _____

Name: _____

Personal/Professional _____

Occupation: _____

Address: _____

Phone: _____

APPLICANT SIGNATURE

I authorize the WLSSD and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application.

I certify that all of the statements in this application are true, complete and correct to the best of my knowledge and believe and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection or dismissal if employed. I have read the Data Privacy Notice (page 5) and agree to supply the information on this form with full knowledge of that warning.

Signature of Applicant: _____ Date: _____

Please mail completed application to: WLSSD, Attn: Human Resources, 2626 Courtland Street, Duluth, MN 55806

DATA PRIVACY NOTICE

Minnesota Statutes Chapter 13 requires that you be informed of the following about private data requested on this application.

- Name, home address and telephone numbers, and email address are used to identify you and to contact you about potential job opportunities. If your name is not provided, we won't be able to process your application. If your contact information is not provided, we will not be able to contact you and may reject your application. If you are a finalist for a vacancy, your name becomes public data and is available to anyone.
- Gender, Race/Ethnic group, and Disability Status are used to comply with equal employment opportunity and affirmative action requirements and to evaluate our efforts to ensure legal diversity in the recruitment and selection of employees. If this data is not provided, it will be more difficult for us to evaluate our efforts and to provide accurate data in the required reports.
- Conviction information is used to determine if we may legally accept an application from you and to determine whether a conviction is job-related. If you do not provide it, we may not be able to determine if we can legally hire you.

You are not required to provide any of the private data listed above. WLSSD employees from human resources and other departments involved in the selection process may have access to your private data if their work assignments reasonably require access. Others who may legally access the above data are individuals or agencies to whom we are required to release the data by law, rule or court order.

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. This copy must state the nature of discharge; i.e. honorable, general, medical, under honorable conditions. ("DD214 "Member-1" copy will not be accepted).
- 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" of your DD214 or DD215, 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 Western Lake Superior Sanitary District. Please contact our office at (218) 722-3336 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214 MUST BE ATTACHED (Veteran is defined by Minn. State § 197.447)

You must submit a PHOTOCOPY of your "member Copy 4" of your DD214 or other military documents to substantiate the service 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, contact your County Veterans' Service Office.

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.

The City of _____ 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 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 _____.

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

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 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)	Social Security Number	Position For Which You Applied
Address (Street)	(City)	(State)	(Zip)	Phone Number
			Closing Date:	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 must be submitted to receive points)

Honorably discharged veteran YES NO

DISABLED VETERAN (15 points):

("Member Copy 4" of DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)

Percent of Disability: _____%
 Have you every been promoted within the City of _____ 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, 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 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 informaton given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veteran's Preference verification documents and submit them to WLLSD by the required application deadline.

Signature

Date