

# CITY OF GOOD THUNDER

## Application for Employment

Return Completed Applications to:  
City Clerk's Office, City of Good Thunder  
PO Box 97

Good Thunder, MN 56037

Phone: (507) 278-3730 Email: goodthundercityclerk@gmail.com

The City of Good Thunder welcomes you as an applicant for employment. It is the policy of the City of Good Thunder to provide equal opportunity to all employees and applicants for employment. The City of Good Thunder will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, or status with regard to public assistance.

PLEASE COMPLETE THIS APPLICATION FULLY. YOU MAY ATTACH A RESUME OR OTHER ADDITIONAL INFORMATION FOR CONSIDERATION IN CONJUNCTION WITH THE COMPLETED APPLICATION.

POSITION APPLYING FOR:

\_\_\_\_\_

DATE:

\_\_\_\_\_

### PERSONAL

Name \_\_\_\_\_  
Last First MI

Present Address

Number/Street City State Zip

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

Email Address

\_\_\_\_\_

Are you legally eligible to work in the United States in the position for which you are applying? <i>Proof of citizenship or work eligibility will be required as a condition of employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**

Drivers License #:	License Class (A, B, C, D):
State License Issued:	Expiration Date:

Give the name, level, and number of any license or certification required for this position.

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Relevant to the position applied for, list any special skills you have or machines you can operate. For example: typing (speed), construction equipment, power tools.

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Circle the highest grade completed																				
1	2	3	4	5	6	7	8	9	10	11	12	GED	Fr	SO	JR	SR	MA	MS	PHD	JD
Grade School								High School					College/ Technical				Graduate Degree			
Did you Graduate? (Please check)								<input type="checkbox"/> Yes <input type="checkbox"/> No High School					<input type="checkbox"/> Yes <input type="checkbox"/> No College/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate Degree			

**EDUCATION**

Type of School	Name & Address of School	Degree or Certification	Major Area of Study
High School	<hr/> <hr/>	<hr/>	<hr/>
Vocational/Technical	<hr/> <hr/>	<hr/>	<hr/>
College/University	<hr/> <hr/>	<hr/>	<hr/>

College/University	_____	_____	_____
Other	_____	_____	_____
(A high school diploma or higher education is not always required)			

## REFERENCES

List people who you know 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 \_\_\_\_\_

## WORK EXPERIENCE

List your work experience (paid or volunteer), beginning with your current or most recent employer and working back. Military training may be included

EMPLOYER: \_\_\_\_\_ JOB \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

SUPERVISOR PHONE: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

SUMMARY OF RESPONSIBILITIES:

\_\_\_\_\_

\_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER?  Yes  No

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EMPLOYER \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

SUPERVISOR PHONE: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

SUMMARY OF RESPONSIBILITIES:

\_\_\_\_\_

\_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER?  Yes  No

\*\*\*\*\*

EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

SUPERVISOR PHONE: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

SUMMARY OF RESPONSIBILITIES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER?  Yes  No

\*\*\*\*\*

EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

SUPERVISOR PHONE: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

SUMMARY OF RESPONSIBILITIES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER?  Yes  No

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### ADDITIONAL INFORMATION

In the space below, list any other additional information that qualifies you for this position:

## UNSALARIED EXPERIENCE

Describe any unsalaried or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal your race, sex, religion, age, disability or other protected status).

## AUTHORIZATION

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 material I submit may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

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 Good Thunder is "at will", and that employment may be terminated by either the City of Good Thunder or me at any time, with or without notice.

With my signature below, I am providing the City of Good Thunder 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 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 Good Thunder in writing of any changes to information reported in this application for employment

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Signature

Date

## CLAIM FOR VETERAN'S PREFERENCE

### VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results

Points are awarded subject to the provisions of Minnesota Statutes 43A.1 1. To be eligible for veteran preference points you must:

1. be separated under honorable conditions from any branch of the armed forces of the United States after having served on

active duty of 181 consecutive days or by reason of disability incurred while serving on active duty and be a citizen of the

United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND

2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL -802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL -802 OR DEATH CERTIFICATE.

VETERAN'S PREFERENCE POINTS APPLICATION	
Branch of Service:	Period of Active Duty: From: To:
Rank at Discharge:	Type of Discharge:
Date of Final Discharge:	Service Number:
Are you receiving or eligible for a military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preference Requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran	

**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 ever been promoted within the city of Good Thunder 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 the 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):

Signature \_\_\_\_\_  
Date \_\_\_\_\_

For Office Use Only:

10 Points

15 Points

**TENNESSEN WARNING**

In accordance with the Minnesota Government Data Practices Act, the City of Good Thunder 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 the public. The personal information we collect about you is private. Minnesota Statutes 130.04 and 13.43 are two



sections that govern what affects you as an applicant for employment with the City of Good Thunder. All data collected is considered private except for the following:

1. Your veteran's status.
2. Relevant test scores.
3. Your rank on our eligibility list.
4. Your job history.
5. Your education and training.
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 Good Thunder. Furnishing social security numbers, date of birth (unless 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, 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 that 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 assist the Good Thunder City Clerk's Office 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 of Good Thunder to monitor protected class employment and to meet federal, state and local reporting requirements.

I declare that I have read and understand the information given about regarding the Minnesota Data Practices Act.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

This information will **only** be used for record-keeping/statistical purposes and to comply with Equal Employment Opportunity/ Affirmative Action law which helps to determine how effective our recruitment efforts are in reaching a broad cross-section of people in a recruitment area. This information will **not** be made available to any person involved in decisions affecting an individual's appointment or promotion to a position.

POSITION Applying for:
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## How did you learn about the position?

- Star Tribune
- MN Job Service
- Local Government Job Net
- League of MN Cities / Cities Bulletin
- MN State University- Mankato
- P.O.S.T / POOL Line
- Internet (website): \_\_\_\_\_
- City Website
- City Employee
- Co-Worker
- Friend / Family
- Walk- In
- Posted Announcement
- Other (specify): \_\_\_\_\_