



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, religion, national origin, marital status, disability, status with regard to public assistance, sexual orientation, sex, age, genetic information, or disability 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

Some positions with the City include duties that require the employee to be 18 years of age. Are you 18 years of age or older? Yes No

MARK POSITION(S) APPLYING FOR:

Spring/Summer Positions

- Swim Lesson Instructor
- Swimming Supervisor
- Lifeguard
- Lifeguard Supervisor
- Concessions (Roberts Park)
- Rec Center Attendant
- PRCE Office Staff
- Gymnastics Aide
- Cemetery Mowing/Maintenance
- Bike Patrol

- Forestry Groundworker
- Public Works/Streets Laborer
- Water/Wastewater Laborer
- Ball Field Maintenance
- Park Maintenance
- Summer Ice Arena Attendant
- Event Center Attendant/Maintenance
- Tournament Worker/Concessions
- Youth Coach _____ indicate sport
- Other _____

Fall/Winter Positions

- Rec Center Attendant Gymnastics Aide
- Ice Arena Attendant Park Maintenance
- Ice Skating Instructor Scorekeeper
- Tournament Worker/Concessions
- Outdoor Rink/Warming House Attendant
- Snow Removal (Requires CDL)
- Public Works Maintenance
- Youth Coach _____ indicate sport
- 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	Dates Attended		Degree Earned	Major / Minor	Average Grade
		From	To			
High School						
College/University						
Graduate						

**City of Hutchinson
Human Resources**

Phone: 320-587-5151 or 320-234-4497
Fax: 320-234-4240 **Job Line:** 320-234-4260
City Website: www.ci.hutchinson.mn.us

Address: 111 Hassan St. SE
 Hutchinson, MN 55350

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: _____

Final Pay Rate/Salary: _____

Supervisor: _____

Reason for Leaving: _____

Work Phone: _____

Job Title and Duties: _____

2. Employer Name and Address

From: _____ To: _____

Final Pay Rate/Salary: _____

Supervisor: _____

Reason for Leaving: _____

Work Phone: _____

Job Title and Duties: _____

3. Employer Name and Address

From: _____ To: _____

Final Pay Rate/Salary: _____

Supervisor: _____

Reason for Leaving: _____

Work Phone: _____

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 | <input type="checkbox"/> Expiration Date: _____
<input type="checkbox"/> Expiration Date: _____
<input type="checkbox"/> Expiration Date: _____
<input type="checkbox"/> 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: _____



Human Resources
111 Hassan St. SE
Hutchinson, MN 55350

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their application results. Points are awarded subject to the provisions of Minnesota Statutes 43 A.11. To be eligible for veteran's 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 for 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 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.

NAME: _____		POSITION APPLIED FOR: _____	
ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, your DD214 or other required documentation must be received no later than seven (7) days after the application deadline.			

Veteran's Preference Points Application			
Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Spouse		If spouse, veteran's name: _____	
Branch of Service: _____		Period of Active Duty From: _____ To: _____	
Rank at Discharge: _____	Type of discharge _____	Date of Final Discharge: _____	Service No.: _____
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			

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

Supporting documentation: is attached will be submitted within 7 days of application deadline

APPLICANT'S SIGNATURE: _____

DATE: _____

For Office Use Only <input type="checkbox"/> 5 Points <input type="checkbox"/> 10 Points



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 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