## **Application for Employment**

We welcome you as an applicant for employment with the Town of Silver Creek. It is the Town of Silver Creek's policy to provide equal opportunity in employment. The Town of Silver Creek 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 complete attach any other information which provides additional detail about you position you seek. Please refer to the Applicant Data Practices Advisor considered public and private information as an applicant, and if you are employee.	r qualifications for employment in the ry for information regarding what is				
The Town of Silver Creek accommodates qualified persons with disabilincluding the application process. If you believe you need a reasonable application process, please contact					
Personal Information					
Name: (Last) (First) (MI)					
Street Address					
City, State, Zip					
Phone Number	Alternate Phone				
	/ Memale Fronc				
Email	7 Mornate i Hone				
Email  Please print in INK or type when completing this application	7 Memale i Hone				
	7 Memate i Hone				
Please print in INK or type when completing this application  Title of position applying for:					
Please print in INK or type when completing this application	/hich you are applying? ☐ Yes ☐ No				

☐ Yes ☐ No

Are you at least 18 years old?

#### **Educational Information**

Circle the highest grade	completed		
12345678	9 10 11 12 GED	13 14 15 16	MA MS PHD JD
Grade School	High School	College/Technical	Graduate
Did you graduate:	□Yes□No	□Yes□No	□ Yes□ No
(Please check)	High School	College/Technical	Graduate JD
School Name	Address	Course of study	Degree
High School:			
College:		. ,	
Graduate School:			
Graduate School.			
Technical/Vocational:			
Other:		-	
Other:			

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:

List any current licenses, registrations, or certificates you possess which may be related to this position:

#### **Employment Experience**

List present or most recent employer first. Please note "see resume" is not 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	Starting Salary		
City, State, Zip	End Date	Final Salary		
Phone Number	Last job title			
Reason for leaving (be specific):				
Describe your work in this job:		-		
May we contact this employer? ☐ Yes	s □ No			
Company	Name of last supervisor	Hrs/Week		
Company	•			
Address	Start Date	Starting Salary		
Address				
City, State, Zip	End Date	Final Salary		
Phone Number	Last job title			
:				
Reason for leaving (be specific):				
Describe your work in this job:				

C	Name of last owners.	I Inc AAI cal
Company	Name of last supervisor	Hrs/Week
ddussa	Charl Data	Charting Calcus
Address	Start Date	Starting Salary
Pity State 7in	End Date	Final Salary
City, State, Zip	Ellu Date	Final Salary
Phone Number	Last job title	
Reason for leaving (be spec	fic):	
<b>,</b> .		
Describe your work in this jo	b:	
May we contact this employe	er? □Yes □No	
······································		Continued
	er?   Output  Description  Out	Continued
Employ	ment Experience	
Employ		
Employ	ment Experience	or Hrs/Week
Employ	Ment Experience	
Employ Company Address	Ment Experience	or Hrs/Week
Employ  Company  Address	Name of last supervisor  Start Date	or Hrs/Week Starting Salary
Employ Company Address City, State, Zip	Name of last supervisor  Start Date	or Hrs/Week Starting Salary
Employ Company Address City, State, Zip	Name of last supervisor  Start Date  End Date	or Hrs/Week Starting Salary
Employ Company Address City, State, Zip Phone Number	Name of last supervisor  Start Date  End Date  Last job title	or Hrs/Week Starting Salary
Employ Company Address City, State, Zip Phone Number	Name of last supervisor  Start Date  End Date  Last job title	or Hrs/Week Starting Salary
Employ Company Address City, State, Zip Phone Number Reason for leaving (be speci	Name of last supervisor  Start Date  End Date  Last job title	or Hrs/Week Starting Salary
Employ  Employ  Company  Address  City, State, Zip  Phone Number  Reason for leaving (be speci	Name of last supervisor  Start Date  End Date  Last job title	or Hrs/Week Starting Salary

### **Unsalaried Experience**

31133133133 = 21	
Describe any unsalaried or volunteer experience relevant to the position for which you are applying (y exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protect status).	-
3 4×1×4 = -	
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, a	nd
submit the application and required documentation to the Town of Silver Creek _ by the application de	
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 my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other may 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.	terials,
I acknowledge that I have received a copy of the job description summary for the position/s for which I ar	n
applying. I further acknowledge my understanding that employment with the Town of Silver Creek is "at v and that employment may be terminated by either the Town of Silver Creek or me at any time, with or wit notice.	vill,"
With my signature below, I am providing the Town of Silver Creek 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.	<b>;</b>
I further understand that criminal history checks may be conducted (after I have been selected for an interest the case of non-public safety positions) and that a conviction of a crime related to this position may result being rejected for this job opening. I also understand it is my responsibility to notify the Town of Silver Crewriting of any changes to information reported in this application for employment.	t in my
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Signature	

#### Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE
NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE, MUST BE
ATTACHED

(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 Town of Silver Creek 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

Signature

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 Town of Silver Creek.

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.

					- 1101111		
Name (Last)	(First)	(MI)		Position For Which You Applied			
				Closing	Date:		
Address (Street)	(City)	(State)	(Zip)	Phone N		Are you a US	Citizen or Resident Alien?
						☐ YES	□ NO
							:
VETERAN (10 poi	<u>nts):</u>	th or documenta	tion varifying	aaniiaa mu	et ha submitted to re	oceive nointe)	
•	of DD214 or DD215, or o	otner documenta		Service, mu	st be submitted to re	eceive points)	
Honorabi	y discharged veteran		☐ Yes				
DISABLED VETER	RAN (15 points):						
("Member Copy 4"	of DD214, or other docu	mentation verifyi	ng service, a	nd USDVA k	etter of disability rati	ng decision of 10	)% or more must be
submitted to receiv		,					,
	of Disability:%						
	ever been promoted wit	hin the Town of	Silver Creek	employme	nt?	☐ Yes No	)
			•				
SPOUSE OF DEC	EASED VETERAN (10 p	oints or 15 if th	ne veteran wa	as disabled	at time of death):		
("Member Copy 4"	of DD214 or DD215, or o	other documenta	tion verifying	service, pho	tocopy of marriage	certificate, spous	se's death certificate and
proof veteran died	on or as a result of active	e duty must be s	ubmitted to re	eceive points	s. You are ineligible	to receive points	if you have remarried or
were divorced from							
	Death:	Have you re	emarried?	Yes	No		
				_			
SPOUSE OF DISA	BLED VETERAN (15 po	oints):					
("Member Copy 4"	of DD214 or DD215, or o	other documenta	tion verifying	service, and	I USDVA letter of dis	sability rating ded	cision of 10% or more
must be submitted	to receive points).						
How does	s Veteran's disability pre	vent performand	e of a stated	ob "requirer	nent?" Due to the ve	eteran's service-o	connected disability the
	s unable to qualify for this						
			M				
AFFIDAVIT: I her	eby claim Veterans' Pro	eference points	for this exam	nination an	d swear/affirm that	t the informatio	n given is true, complete
and correct to the	best of my knowledge	. I hereby ackn	owledge that	l am respo	nsible to obtain th	e required Veter	rans' Preference
verification document	ments and submit them	to the Town of	Silver Creel	by the red	quired application	deadline.	

Date

# 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, 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 quality 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 Town of Silver Creek. Please contact our office at (651) 281-1200 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.