



CITY OF WHEATON
PO Box 868
Wheaton, MN 56296

Phone: 320/563-4110

Fax: 320/563-4823

All persons are welcome to apply with the City of Wheaton. The City of Wheaton is an equal opportunity employer and does not discriminate against or harass any employee or applicant 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 any additional information that you believe qualifies you for the position for which you are applying. The attached material must supplement the application and not be in lieu of requested data.

POSITION SOUGHT			
ANNUAL SALARY DESIRED	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> REGULAR	<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME	DATE AVAILABLE

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
PRESENT STREET ADDRESS		CITY	STATE
		ZIP CODE	
HOME TELEPHONE NUMBER		EMAIL (IF AVAILABLE)	

Are you at least 16 years of age or older? ☐ Yes ☐ No

Are you a United States citizen OR, if not, do you have permission to work in this country? ☐ Yes ☐ No

EDUCATION AND TRAINING

HOW MANY YEARS OF SCHOOL HAVE YOU COMPLETED?	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
	HIGH SCHOOL						UNDERGRADUATE				GRADUATE			
	NAME AND ADDRESS OF SCHOOL						DIPLOMA, DEGREE, OR CERTIFICATE				MAJOR & MINOR SUBJECTS			
High School														
College or University														
College or University														
Graduate School														
Technical														
Technical														

List any courses, seminars, workshops, training, and skills that you have acquired that are related to this position:

EMPLOYMENT HISTORY

List your work experience beginning with your most present or most recent employment or occupation. Resumes and additional supporting materials may be submitted in support of, but not in lieu of the following. Please make additional copies, if necessary.

EMPLOYER		JOB TITLE	
ADDRESS		CITY	STATE ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY?
SUMMARIZE YOUR RESPONSIBILITIES			

EMPLOYER		JOB TITLE	
ADDRESS		CITY	STATE ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY?
SUMMARIZE YOUR RESPONSIBILITIES			

EMPLOYER		JOB TITLE	
ADDRESS		CITY	STATE ZIP CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATES EMPLOYED (MO/YR)	REASON FOR LEAVING	LAST SALARY	IF NOT, WHY?
SUMMARIZE YOUR RESPONSIBILITIES			

MILITARY- Complete this section if you served in the U.S. Armed Forces. Also, please complete the separate Veteran's Preference Form.

DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING	BRANCH OF SERVICE
	LENGTH OF ACTIVE DUTY
	RANK AT DISCHARGE

OFFICE EQUIPMENT/ COMPUTER SOFTWARE PROGRAMS

WHAT OFFICE MACHINES DO YOU OPERATE PROFICIENTLY?	<input type="checkbox"/> COMPUTER	<input type="checkbox"/> PHOTOCOPIER	<input type="checkbox"/> FAX
COMPUTER SOFTWARE YOU USE PROFICIENTLY	<input type="checkbox"/> MS WORD OR WORDPERFECT	<input type="checkbox"/> MS EXCEL	<input type="checkbox"/> MS FRONT PAGE OR DREAMWEAVER

LICENSES

DO YOU HAVE A VALID MINNESOTA DRIVER'S LICENSE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NUMBER
LICENSE CLASSIFICATION:	<input type="checkbox"/> CLASS A	<input type="checkbox"/> CLASS B	<input type="checkbox"/> CLASS C
	<input type="checkbox"/> CLASS D	EXPIRATION DATE	
OTHER DRIVER'S LICENSES (LIST STATE, CLASS, AND NUMBER)			
IF RELEVANT, LIST OTHER CURRENT PROFESSIONAL REGISTRATIONS, LICENSES OR CERTIFICATIONS			
REGISTRATIONS, LICENSES, CERTIFICATIONS	DATE ISSUED	EXPIRATION DATE	

CONVICTION INFORMATION

HAVE YOU EVER BEEN CONVICTED AS AN ADULT OF A FELONY, GROSS MISDEMEANOR OR MISDEMEANOR FOR WHICH A JAIL SENTENCE CAN BE IMPOSED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, DATES AND NAME OF JURISDICTION.		

IMPORTANT NOTICE TO ALL APPLICANTS

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Wheaton during the application process or during employment.

Any information about yourself that you provide to the City of Wheaton during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, your application may not be considered.

This information may be provided to:

1. Persons authorized to have access to the information under state or federal law; and
2. Persons authorized by court order to have access to the information; and
3. Persons to whom you consent in writing to have access to the information.
4. City employees who need to know the information.

AUTHORIZATIONS

I authorize and consent to having city representatives make inquiries about me if I am to be considered for employment.

Former employers are authorized to give information about me in any form, oral or written. They are hereby released from all liability issuing such information. I hereby knowingly waive any privileges, including protection under the Data Practices Act, that I have as to such information.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed.

I understand that employment may be conditional upon completion of a physical examination, completion of testing related to the position and a Driver's License check. The City may require drug and alcohol testing for certain positions involved with heavy equipment operations. I agree to complete applicable tests if I receive a conditional offer of employment.

I understand that this authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

Applicant's Signature _____ Date _____
My signature confirms that I have read and understand the authorization and notice to applicants set forth above. I recognize that my failure to sign, accurately complete or falsify information in this application will automatically disqualify me from consideration for employment.

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.11. To be eligible for veterans preference points you must be separated under honorable conditions from any branch of the armed forces for 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 (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify.

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.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? ☐ YES ☐ NO

If you answered yes, your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

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 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"/> SPOUSE OF DISABLED VETERAN			
<input type="checkbox"/> 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 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation is:

- ☐ Attached
- ☐ Will be submitted in 7 days of application deadline



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SUPPLEMENT: WHEATON SWIMMING POOL LIFEGUARD APPLICATION

LAST NAME	FIRST	MIDDLE

I currently hold the following degrees (check all that apply):

- ☐ Red Cross Lifeguard Certificate, Expires: _____
- ☐ Water Safety Instructor Certificate, Expires: _____
- ☐ Lifeguard Instructor Certificate, Expires: _____

Have you had experience with any of the following (check all that apply):

- ☐ Competitive Swimming
- ☐ Water Safety Instructor Certificate
- ☐ Lifeguard Instructor Certificate
- ☐ CPR Certificate, Expires: _____

Have you ever been a lifeguard at the Wheaton Swimming Pool? ☐ No ☐ Yes

Have you ever been a lifeguard at another swimming pool? ☐ No ☐ Yes, please list:

Employer's Name: _____

Address: _____

Briefly describe why you would be an asset to the Wheaton Swimming Pool staff. Please list the characteristics that make you a good lifeguard, and include past experiences, if applicable.