



# CITY OF BRAINERD

## Employment Application



### INSTRUCTIONS

Applications will be accepted only for open positions or those for which a register is being established for future openings. **A completed City of Brainerd application form is required to apply for employment at the City of Brainerd.** The specific job title of the position must be listed on the application form. A separate application form is required for each position.

Please complete the application form as thoroughly as possible. **Do not mark your application "see resume."** Resumes may be included, but will not be accepted in lieu of a completed application form. The information provided in the application form will be used to assess your qualifications for the position.

Additional items may be required, including but not limited to typing tests, certifications, licenses, and other information as noted on the job posting. These items should be included with the application packet. If submitting an electronic application, please submit these items separately noting an electronic application was submitted.

**Applications and supporting documents must be received by the deadline date and time listed on the job posting.**

If you have any questions, you may contact the office listed below:

Brainerd City Hall  
 City Administrator's Office  
 Kris Schubert  
 Human Resource Coordinator  
 501 Laurel Street  
 Brainerd, MN 56401  
 Phone: (218) 828-2307  
 Fax: (218) 828-2316  
 Email: [employment@ci.brainerd.mn.us](mailto:employment@ci.brainerd.mn.us)

**APPLICANT...PLEASE COMPLETE**

*We would appreciate your cooperation in completing the following section. Please enclose this page with application.*

**APPLICANT TRACKING DATA**

The information requested below is voluntary and is used to assist City of Brainerd in monitoring Equal Employment Opportunity program as required by law. Refusal to complete this section will not affect your opportunities for employment. The information in this area is confidential and will be separated from your employment application.

|  |                                       |
|--|---------------------------------------|
| <b>Name:</b> _____<br><div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>   | <b>Position applied for:</b><br>_____ |
| <b>Referral Source:</b><br><div style="display: flex; flex-wrap: wrap; font-size: small;"> <div style="width: 50%;"><input type="checkbox"/> Employment Agency</div> <div style="width: 50%;"><input type="checkbox"/> Walk-In</div> <div style="width: 50%;"><input type="checkbox"/> Employee Referral</div> <div style="width: 50%;"><input type="checkbox"/> Community or Agency</div> <div style="width: 50%;"><input type="checkbox"/> Newspaper Ad</div> <div style="width: 50%;"><input type="checkbox"/> College</div> <div style="width: 50%;"><input type="checkbox"/> Website</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> </div> |                                       |

**Gender:** (check one):     Male     Female

**Race or ethnic group(check one):**     White     Black     Hispanic     American Indian/Native Alaskan     Asian/Pacific Islander

**Do you have a disability?**     Yes     No    If yes, please describe \_\_\_\_\_



Position Applied For: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
 Last First Middle

Address: \_\_\_\_\_  
 Street City State Zip

Phone: \_\_\_\_\_  
 Home Cell Work

Are you either a US citizen or legally eligible for employment in the U.S.A.?  Yes  No

Are you eighteen years of age or older?  Yes  No If under 18, state date of birth: \_\_\_\_\_

Are you presently or have you previously been employed by us?  Yes  No Dates of Employment \_\_\_\_\_

List all other name(s) under which your employment or education records can be found: \_\_\_\_\_

Do you have any special needs which may necessitate accommodations in the application/interview process?  Yes  No

**EMPLOYMENT DESIRED**

Type of employment desired:  Full-time  Part-time  Seasonal/Temporary

Are you willing and available to work overtime and shift work?  Yes  No

Salary desired: \_\_\_\_\_ Date available: \_\_\_\_\_

Are you currently employed?  Yes  No If yes, may we contact your present employer?  Yes  No

If no, explain: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Did you graduate from high school?  Yes  No  GED

High School Name: \_\_\_\_\_  
 High School City State

|                  | <u>Grade School</u>   | <u>High School</u>   | <u>College</u>  | <u>Post Graduate</u>                              |
|------------------|---|--|---|---|
| Check your grade | 1 2 3 4 5 6 7 8   | 9 10 11 12 or GED  | 13 14 15 16   | MA PhD  |
|                  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

Name and location of college, university, and/or technical schools      Dates of attendance      Major/minor or study area      Degree received

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Employment History

*Please provide complete employment information. List your present or most recent experience first. Attach additional sheets if necessary.*

### PRESENT EMPLOYER

### DATES OF EMPLOYMENT

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(MO/YR) (MO/YR)

Address: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Salary: \_\_\_\_\_

Your Title: \_\_\_\_\_

Number & types of positions you supervised: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Principle Responsibilities (be complete):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### PREVIOUS EMPLOYER

### DATES OF EMPLOYMENT

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(MO/YR) (MO/YR)

Address: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Salary: \_\_\_\_\_

Your Title: \_\_\_\_\_

Number & types of positions you supervised: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Principle Responsibilities (be complete):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**PREVIOUS EMPLOYER**

**DATES OF EMPLOYMENT**

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(MO/YR) (MO/YR)

Address: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Salary: \_\_\_\_\_

Your Title: \_\_\_\_\_

Number & types of positions you supervised: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Principle Responsibilities (be complete):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**PREVIOUS EMPLOYER**

**DATES OF EMPLOYMENT**

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(MO/YR) (MO/YR)

Address: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Supervisor's Name & Title \_\_\_\_\_ Salary: \_\_\_\_\_

Your Title: \_\_\_\_\_

Number & types of positions you supervised: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Principle Responsibilities (be complete):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**JOB RELEVANT VOLUNTEER EXPERIENCE OR UNPAID WORK EXPERIENCE**

| <u>Name of Organization</u> | <u>Work Performed</u> | <u>Hrs/wk:</u> | <u>From:</u> | <u>To:</u> |
|-----------------------------|-----------------------|----------------|--------------|------------|
| _____                       | _____                 | _____          | _____        | _____      |
| _____                       | _____                 | _____          | _____        | _____      |
| _____                       | _____                 | _____          | _____        | _____      |

**COMPLETE ALL OF THE FOLLOWING APPLICABLE TO THE POSITION YOU ARE APPLYING**

COMPUTER HARDWARE/SOFTWARE SKILLS:

|                    | <u>List types of Hardware/Software</u> | <u># Years of Experience</u> |
|--------------------|--|------------------------------|
| <u>Training:</u>   | _____                                  | _____                        |
|                    | _____                                  | _____                        |
| <u>Experience:</u> | _____                                  | _____                        |
|                    | _____                                  | _____                        |

Licenses/Certificates held: (List relevant current licenses, registrations or certificates. Include Driver's License in this section if required):

| <u>Type of License</u> | <u>License Number</u> | <u>State Issued</u> | <u>Expiration Date</u> |
|------------------------|-----------------------|---------------------|------------------------|
| _____                  | _____                 | _____               | _____                  |
| _____                  | _____                 | _____               | _____                  |
| _____                  | _____                 | _____               | _____                  |

APPRENTICESHIP(s) served or trades learned: \_\_\_\_\_

SPECIFIC EQUIPMENT EXPERIENCE: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

These should be people in a position to discuss your qualifications for the position you seek. Include managers, directors, or supervisors under whom you worked. The City reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

List people who know you well, preferably from a work environment. Do not use acquaintances or relatives.

|              |                   |
|--------------|-------------------|
| Name: _____  | Address: _____    |
| Phone: _____ | Occupation: _____ |
| (Work) _____ | (Home) _____      |

|              |                   |
|--------------|-------------------|
| Name: _____  | Address: _____    |
| Phone: _____ | Occupation: _____ |
| (Work) _____ | (Home) _____      |

|              |                   |
|--------------|-------------------|
| Name: _____  | Address: _____    |
| Phone: _____ | Occupation: _____ |
| (Work) _____ | (Home) _____      |

# VETERAN'S PREFERENCE

## CITY OF BRAINERD

501 Laurel Street

Brainerd, MN 56401 Fax: (218) 828-2316

COMPLETE THIS FORM **ONLY** IF YOU ARE A VETERAN **AND** ARE CLAIMING VETERAN'S PREFERENCE

NOTE: COPY OF DD214 MUST BE ATTACHED

**You must submit a PHOTOCOPY 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 DD214, contact the local Veterans' Service Office at (218) 824-1058.

The City of Brainerd operates under a point preference system which awards points to qualified veterans to supplement their application. Five (5) points are granted to non-disabled veterans on open competitive examinations; ten (10) points are added if the veteran has a service connected compensable disability as certified by the Veterans Administration.

To qualify for preference for a **competitive exam**, you must have 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 the full period called or ordered for 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 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 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 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing City employment.

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 your 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) | M             | SOCIAL SECURITY NUMBER | POSITION FOR WHICH YOU APPLIED<br>Closing Date:   |
| ADDRESS (STREET) | (CITY)  | (STATE) (ZIP) | PHONE NUMBER           | ARE YOU A US CITIZEN OR RESIDENT ALIEN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

**Veteran (5 points)** (DD214 or DD215 must be submitted to receive points):

Honorably discharged veteran .....  YES  NO

**FOR DISABLED VETERANS (10 points):** (DD214 and Letter from VA of proof of disability must be submitted to receive points.)

Percent of Disability: \_\_\_\_\_ %

Have you ever been promoted in City of Brainerd employment? .....  YES  NO

**FOR SPOUSES OF DECEASED VETERANS (5 points, 10 if the veteran was disabled):**

(Attach DD214 or DD215, photocopy of marriage certificate and spouse's death certificate 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

**FOR SPOUSES OF DISABLED VETERANS (10 points):**

(DD214 or DD215 and a letter from VA of proof of disability must be submitted to receive points.)

Due to the veteran's service-connected disability the veteran is unable to qualify for this position because:

(be specific) \_\_\_\_\_

**AFFIDAVIT:** I hereby claim Veteran's Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veterans Administration to release information necessary to process this application to the City of Brainerd.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans subject to the provision of MN Statute 197.447.

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 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 MN Statute 197.455.
- 3.) A spouse of a deceased veteran applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215, 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 City of Brainerd. Please contact our office at (218) 828-2307 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference in public employment.

**CONVICTIONS OR CRIMINAL RECORDS**

The City of Brainerd conducts criminal history background checks on all regular full-time, part-time, temporary and seasonal employees.

For sworn police positions, felony convictions (and certain other convictions mandated by the state licensing board for police) will automatically disqualify you from further consideration. For non-police positions, the City will look at the type of conviction and whether it is directly related to the job for which you are applying.

Candidates for positions working with children will not be selected if they have been convicted of any crime listed in the Child Protection Worker Act (Minnesota Statutes 299C.61 & 62). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes.

Before any applicant (other than applicants for positions within the police or fire department) is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This includes the right to show evidence of rehabilitation.

**EQUAL EMPLOYMENT OPPORTUNITY**

It is the policy of City of Brainerd to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation or age.

**IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION**

The information requested on the application is intended to be used by the City in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the City being unable to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the City may be unable to provide the necessary accommodations if you do not provide the information noted under Personal Information. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the City without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

**APPLICANT CERTIFICATION:**

*I understand that any falsified information or significant omissions on either the application or during my interview may disqualify me from further consideration for employment and may be considered justification for dismissal. I authorize investigation of all statements contained in this application or made during my interview for employment as may be necessary in arriving at an employment decision. I release such employers and individuals from all liability or damages whatsoever that may arise from furnishing this information.*

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date

**Note for On-line Applicants:** By returning your application via e-mail, you do agree that all the information provided is true and accurate. If you are invited to an interview, you will be requested to sign your original application at that time.

**POLICE AND FIRE DEPARTMENT APPLICANTS ONLY**

In consideration of being permitted to apply for the position herein, I voluntarily assume all risks in connection with my participating in any tests the County deems necessary to determine my fitness and eligibility and I release and forever discharge the City, its officials, officers, and employees from any and all claims for any damage or injury that I might sustain.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date