

Application for Employment

We welcome you as an applicant for employment with the Comfort Lake-Forest Lake Watershed District. It is the Comfort Lake-Forest Lake Watershed Districts policy to provide equal opportunity in employment. The Comfort Lake-Forest Lake Watershed District 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 completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. 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. Please refer to the Applicant Data Practices Advisory for guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The Comfort Lake-Forest Lake Watershed District accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact Mike Kinney at 651-395-5850.

Personal Information

| Name: | (Last) | (First) | (MI) |
|------------------|--------|---------|-----------------|
| Street Address | | | |
| City, State, Zip | | | |
| Phone Number | | | Alternate Phone |
| Email | | | |

| Please print in INK | or type when co | mpleting this applica | ation | | |
|--|---|---------------------------|------------|-------------|--|
| Title of position applyi | ng for: | | | | |
| Are you legally eligible | are you legally eligible to work in the United States in the position for | | ☐ Yes ☐ No | | |
| which you are applyin | g? | | | 105 110 | |
| Proof of citizenship or | work eligibility will be | required as a condition o | of | | |
| employment. | | | | | |
| Will your continued er | mployment require er | nployer sponsorship?" | | ☐ Yes ☐ No | |
| Are you at least 18 yea | rs old? | | | □ Yes □ No | |
| ı | Educationa | l Informatio | n | | |
| Circle the highest grad | | | 1 | | |
| 12345678 | 9 10 11 12 GED | 13 14 15 16 | M | A 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 | Deg | ree | |
| High School: | | • | | | |
| College: | | | | | |
| Graduate School: | | | | | |
| Technical/Vocational: | | | | | |
| Other: | | | | | |
| Do you have an associa Do you have experience | | _ | <u> </u> | □ Yes □ No | |

| Describe any experience you may have ma | anaging an office: |
|--|---|
| List the accounting software program(s) y and proficiency with use of said software: | ou are familiar with, along with your experience |
| Describe any experience you may have int | terpreting financial information: |
| Describe any experience you may have wi | th reviewing, interpreting, and analyzing data: |
| Are you currently, or have you ever been, a commission. | a Notary? If so, please describe the status of your |
| | u have with each of the following programs |
| Microsoft Office - Word Microsoft Office - Excel Microsoft SharePoint Sage50c | □ None □ Basic □ Intermediate □ Advanced □ None □ Basic □ Intermediate □ Advanced □ None □ Basic □ Intermediate □ Advanced |

Employment Experience

List present or most recent employer first. Please note "see resume" is <u>not</u> 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 | |
| City, State, Zip | End Date | |
| Phone Number | Last job title | |
| Reason for leaving (be specific): | | |
| Describe your work in this job: | | |
| May we contact this employer? | □ Yes □ No | |

| Company | Name of last supervisor | Hrs./Week |
|-----------------------------------|-------------------------|-----------|
| Address | Start Date | |
| City, State, Zip | End Date | |
| Phone Number | Last job title | |
| Reason for leaving (be specific): | | |
| Describe your work in this job: | | |
| May we contact this employer? | □ Yes □ No | |
| Company | Name of last supervisor | Hrs./Week |
| Address | Start Date | |
| City, State, Zip | End Date | |
| Phone Number | Last job title | |
| Reason for leaving (be specific): | | |
| Describe your work in this job: | | |
| May we contact this employer? | ☐ Yes ☐ No | |
| | | |
| Company | Name of last supervisor | Hrs./Week |

| Address | Start Date |
|---------------------------------------|--|
| City, State, Zip | End Date |
| Phone Number | Last job title |
| Reason for leaving (be specific): | |
| Describe your work in this job: | |
| May we contact this employer? | □ Yes □ No |
| Unpa | nid Experience |
| Describe any unpaid or volunteer expe | rience relevant to the position for which you are applying ion which would reveal race, sex, religion, age, disability, or |

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: \Box Yes \Box No |
| If you answered "yes," you must complete the enclosed application for Veterans' Preference |
| points, and submit the application and required documentation to the Comfort Lake-Forest Lake Watershed District by the application deadline of the position for which you are applying. |
| Lake Watershed District by the application deadin le of the position for which you are applying. |
| A - 11 |
| Authorization |
| I certify that all information I have provided in this application for employment is true and |
| complete to the best of my knowledge. Any misrepresentation or omission of any fact in my |
| application, resume or any other materials, 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. |
| 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 Comfort Lake-Forest Lake Watershed District is "at will," and that employment may be |
| the Comfort Lake-Forest Lake Watershed District is at will, and that employment may be terminated by either the Comfort Lake-Forest Lake Watershed District or me at any time, |
| with or without notice. |
| With my signature below, I am providing the Comfort Lake-Forest Lake Watershed District |
| 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 have read the included Applicant Data Practices Advisory, and 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 Comfort Lake-Forest Lake Watershed District in writing of any |
| changes to information reported in this application for employment. |
| |
| |
| |
| |
| Signature Date |

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: VETERANS' PREFERENCE POINTS CANNOT BE CONSIDERED WITHOUT SUPPORTING DOCUMENTATION. ATTACH COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE. DOCUMENTATION MUST BE RECEIVED BY THE APPLICATION DEADLINE OF THE POSTING IN ORDER TO BE CONSIDERED. (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 Comfort Lake-Forest Lake Watershed District 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 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 Comfort Lake-Forest Lake Watershed District.

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.

| Name (Last) | (First) | (MI) | | Position For Which You | Applied |
|------------------|---------|------------|------|------------------------|-------------------------|
| | | | | Closing Date: | |
| Address (Street) | (City) | (State) (Z | Zip) | Phone Number | Are you a US Citizen or |
| | | | | | Resident Alien? |
| | | | | | ☐ Yes ☐ No |

| VETERAN (10 points): | |
|--|--|
| ("Member Copy 4" of DD214 or DD215, or other documentation points) | on verifying service, must be submitted to receive |
| Honorably discharged veteran | ☐ Yes ☐ No |

| <u>DISABLED VETERAN</u> (15 points): ("Member Copy 4" of DD214, or other do decision of 10% or more must be submitte | | vice, and USDVA le | tter of disability rating |
|---|--|---|--|
| Percent of Disability:% | | | |
| Have you ever been promoted w | ithin the CLFLWD's employ | ment? | ☐ Yes ☐ No |
| SPOUSE OF DECEASED VETERAN (10 po ("Member Copy 4" of DD214 or DD215, certificate, spouse's death certificate and to receive points. You are ineligible to rec Date of Death: | or other documentation proof veteran died on or as | verifying service, p a result of active du | hotocopy of marriage uty must be submitted |
| SPOUSE OF DISABLED VETERAN (15 poi ("Member Copy 4" of DD214 or DD215, or a rating decision of 10% or more must be su | other documentation verify | | DVA letter of disability |
| How does Veteran's disability prevent per connected disability the veteran is unable | | | |
| | | | |
| | | | |
| | | | |
| AFFIDAVIT: I hereby claim Veterans' Pinformation given is true, complete at that I am responsible to obtain the recthem to the Comfort Lake-Forest Lake | nd correct to the best of quired Veterans' Preferer | my knowledge. I l nce verification do | hereby acknowledge cuments and submit |
| Signature | | 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 qualify 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 Comfort Lake-Forest Lake Watershed District. Please contact our office at 651-395-5850 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

COMFORT LAKE-FOREST LAKE WATERSHED DISTRICT

Data Practices Advisory

Office Manager

The District is providing this advisory as required by the Minnesota Data Practices Act, Minnesota Statutes §13.04, subdivision 2. This advisory is known as a "Tennessen warning."

Certain information you are being asked to provide in the application for the Technician position is classified by state law as private data. Specifically, other than veteran status, relevant test scores (if any), job history, education and training, and work availability, all information that you submit is classified as private data. The District generally cannot make your private data available to the public, but you may view the data.

The District will use the information you provide to distinguish you from other applicants, determine your eligibility for employment, enable the District to contact you, and enable the District to ensure your rights to opportunities.

You are not legally required to provide private data in your application. However, your choice not to supply information necessary for the purposes noted above will mean that your application for employment may not be considered or your qualifications may not be able to be fully evaluated.

Only District staff and members of the District board of managers assessing candidates for the position, as well as District consultants specifically tasked to participate in candidate review, will have access to the private data you provide. However, private data in your application may be disclosed in a public meeting of the District board if the disclosure relates to a matter within the scope of the board's authority and is reasonably necessary to conduct the agenda item before the board. The District may provide your private data to another government agency when that agency is authorized by statute or federal law to have access, and may disclose private data pursuant to court order.

If you are offered the position to which you are applying, and you accept employment with the District, your name and previous work experience also will become public information.

Please contact the District with any questions about this advisory or the District's handling of the information in your application.

I have received and read the above Tennessen warning:

| Signature: | Date: |
|-------------|-------|
| | |
| Print name: | |

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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 information 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 Comfort Lake-Forest Lake Watershed District appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

| Position(s) for which you are applying: | | | |
|---|--|--|--|
| Gender: □ Male □ Female □ Non-binary | | | |
| With which racial/ethnic group do you identify? | | | |
| □ Black or African American | | | |
| ☐ Hispanic or Latino | | | |
| ☐ American Indian or Alaskan Native through Tribunal affiliation or community | | | |
| recognition | | | |
| ☐ Caucasian/White | | | |
| □ Asian | | | |
| □ Native Hawaiian or other Pacific Islander | | | |
| ☐ Two or more races | | | |
| Disability status, defined as: | | | |
| Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning); | | | |
| Has a history of a disability (such as cancer that is in remission); Is regarded as having such an impairment. | | | |
| Do you claim disability status? ☐ Yes ☐ No | | | |