City of Medina
Employment Application Instructions

The following application materials are required for this position. Your application will be disqualified if any of the materials are not submitted or are incomplete.

- **One-page cover letter** explaining why you are the best candidate
- **One-page resume** detailing relevant work experience
- **Employment Application**
- **Supplemental Questionnaire Form**

Email completed application items as PDFs to caitlyn.walker@medinamn.gov

Utility Maintenance Technician (Water & Sewer)

Minimum Qualifications	• High School diploma or GED. • Two (2) years of public works or utility maintenance experience, or equivalent. • Class D water license and class SD wastewater license with the ability to obtain Class C Water License and Class SC Wastewater license within two years of hire. • MN Class B commercial driver's license. • Ability to respond to emergency calls within 45 minutes and work on call
Desired Qualifications	• More than two (2) years of relevant utility experience. • Class C Water License and Class SC Sewer License • Experience in utility locating and using utility locating devices. • Experience using jetting/vacuum sewer equipment.
Job Status	Full-time, non-exempt, non-union
Expected Hiring Pay Range	$31.93 - $36.81 per hour, depending on qualifications
Position Pay Range	$31.93 - $41.30 per hour
Application Deadline	November 4, 4:30 PM

City of Medina Benefits

- 100% employer-paid individual premiums and up to $1,753.00 per month towards family premiums. Premiums amounts greater than $1,753.00 are split 50/50 between employer and employee
- $3,000 annual City contribution to HSA or HRA account
- 100% employer-paid dental insurance for individual and family premiums
- 100% employer-paid long-term disability insurance
- $30,000 employee life insurance with optional additional coverage for employee, spouse, and/or dependents
- PERA retirement program with 7.5% employer contribution and 6.5% employee contribution
- Optional employee paid participation in Minnesota State Deferred Compensation Plan (MNDCP)
- 11 paid holidays, 2 paid personal holidays
- Vacation accrual based on years of service
- Sick and Safe Leave accrual – 8 hours per month

Questions: Caitlyn Walker, Assistant City Administrator/City Clerk: caitlyn.walker@medinamn.gov

EMPLOYMENT APPLICATION 11/21

You must complete this application fully, even if information is duplicated on a resume or cover letter. Falsified or misleading statements on this application may be grounds for disqualifying you from being further considered for employment with the City of Medina.

How did you learn about this position? *(Optional) (Please circle one)*
Newspaper/Publication: Crow River News ☐ LMC Cities Bulletin ☐ City Website ☐ Other: ☐

EMPLOYMENT DESIRED

Title of Position Applying For	Date Available for Work	Salary/Wage Required

Available to work: *(Check one)* Full-time ☐ Part-time ☐ Temporary ☐ Seasonal ☐

PERSONAL INFORMATION

First Name	Last Name	Middle Name

Current Mailing Address	City	State	Zip Code

Phone Number	Email address:

Are you at least 18 years of age? ☐ NO ☐ YES

Are you a U.S. Citizen or legally eligible to work in the U.S.? ☐ NO ☐ YES
(If hired, you will be required to provide documentation that you are eligible to work)

Have you filed an application with the City of Medina previously? NO ☐ YES ☐ If yes, give date(s)

Have you ever been employed by the City of Medina previously? NO ☐ YES ☐ If yes, give date(s)

Request for Accommodation
If you require assistance in the hiring process because of a special need, please contact the City Administrator at the City to make a specific request for reasonable accommodation.

*******List the most recent (or current) employer first, then next most recent, and so forth.*******

WORK EXPERIENCE ***Employer 1***

May we contact this employer? ☐ YES ☐ NO If no, explain:

Employer	**Phone Number**
Address	**Supervisor's Name and Title**

Position Title	**Description of Duties**
Length of Employment From: To:	
Hours Worked per Week	
Reason for Leaving	

WORK EXPERIENCE ***Employer 2***

May we contact this employer? ☐ YES ☐ NO If no, explain:

Employer	**Phone Number**
Address	**Supervisor's Name and Title**

Position Title	**Description of Duties**
Length of Employment From: To:	
Hours Worked per Week	
Reason for Leaving	

WORK EXPERIENCE ***Employer 3***

May we contact this employer? ☐ YES ☐ NO If no, explain:

Employer	**Phone Number**
Address	**Supervisor's Name and Title**

Position Title	**Description of Duties**
Length of Employment From: To:	
Hours Worked Per Week	
Reason for Leaving	

EDUCATION

Did you graduate from high school or receive a GED? ☐ YES ☐ NO

Name and Location of School/Program attended: _____

Name and Location of College, University, or Technical School	Did you graduate?	Degree/Diploma	Program of Study
	☐ YES ☐ NO		
	☐ YES ☐ NO		
	☐ YES ☐ NO		

REFERENCES

Please list three individuals (not relatives), who have known you for at least 1 year, who can attest to your work qualities.

Name and Occupation	Present Address	Phone Number

ACKNOWLEDGEMENT

I understand the City of Medina has the right to verify information contained in this application. I authorize the City of Medina and any agent acting on its behalf to investigate all statements contained in this application for employment and any addendum, including, but not limited to, my educational records such as transcripts, and work records as may be necessary to determine my eligibility for employment. Moreover, I hereby release the City of Medina and any agent acting on its behalf from any and all liability by reason of requesting such information from any person or entity.

I certify that answers given herein are true and complete to the best of my knowledge and I understand that, if employed, falsified or misleading statements on this application and addendum or made during an interview, which may be discovered now or anytime in the future, shall be grounds for dismissal. I acknowledge that this document shall not be construed as a contract or offer of employment and understand and agree that, if hired, my employment is for no definite period and may be terminated at any time.

Signature_____ **Date**_____

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

Certain information in this application is considered private; that is, it may be released only to you and agencies where you may be considered for employment. Information in this application that is defined by law as *public* may be released on request and includes: veteran status; relevant test scores; rank on eligible list; job history; education and training; and work availability. Your name is private data except when certified as eligible for appointment to a vacancy or when you are considered by the appointing authority to be a finalist for a position in public employment. (To comply with M.S. 13.43, Subd. 2 and Subd 3).

Private Data	Why We Ask For It?	Are You Legally Obligated To Provide It?	What May Happen If You Don't Provide It?
Name	To distinguish you from all other applicants.	Yes	Failure to provide may be cause for rejection of your application.
Address	To be able to send you correspondence.	Yes	Failure to provide may be cause for rejection of your application.
Home Telephone	To be able to contact you to arrange for an interview, if granted.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.

The City of Medina does not discriminate on the basis of race, color, religion, creed, national origin, age, sex, disability, marital status, sexual orientation, status with regard to public assistance, membership in a local commission, or any other legally protected status in its hiring or employment practices.

Supplemental Application

Applicant Name: _____

INSTRUCTIONS: Please review and complete each section on the Supplemental Application. Your responses to the Supplemental Application are used to evaluate your qualifications for the position. Failure to complete the Supplemental Application may limit our ability to evaluate your application.

NOTICE TO APPLICANT: Information requested on your application that is defined by State Statute as public may be released on request and includes job history, education and training, relevant test scores, rank on our eligibility list, Veteran's status, and work availability. Your name is private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment. Certain other information is private and may be released only to you or to governmental entities authorized access by law. Private data contained in this application:

Name/Social Security Number (SSN): Used to identify you in relation to other applicants. You are legally required to provide your name, but not your SSN. Failure to provide this information may result in a delay in processing or rejection of your application.

License Information: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in rejection of your application.

Social Security Number (Optional): _____

DRIVER'S LICENSE/RECORD

Driver's License Number: _____ State: _____ Expiration Date: _____

Class: ☐ A ☐ B ☐ D ☐ CDL

List any endorsements: _____

Do you have a clean driving record? _____ Yes _____ No If no, please explain: _____

CONVICTION INFORMATION: No person shall be disqualified from public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining the effect of a conviction, the City shall consider the requirements of Minnesota Statutes, Chapter 364. Applicants who are finalists for certain positions will be subject to a criminal background investigation.

I hereby give my consent for a personal background investigation, to include a criminal history check, DVS (Driver & Vehicle Services) check, and reference checks, if I become a finalist for this position.

Applicant Signature: _____ **Date**: _____

FAIR CREDIT REPORTING ACT DISCLOSURE: In connection with your application for employment, an investigation may be made in which "consumer reports" are obtained from a consumer reporting agency. Such reports may include information concerning your credit worthiness, credit capacity, character, general reputation, personal characteristics, or mode of living. Examples of such reports include, but are not limited to: your credit history and a criminal background check. Upon written request, you will be provided with a disclosure of the nature and scope of the consumer report.
The City of Medina will not use the information contained in the consumer report and/or investigative consumer report in violation of any applicable federal or state law or regulation.
If any consumer reports and/or investigative consumer reports indicate that any adverse action should be taken, including the denial of your application for employment, you will be provided with a copy of the report(s) and the "Summary of Your Rights Under the Fair Credit Reporting Act" per the Fair Credit Reporting Act.
The information contained herein is considered private data and will be used only to determine your suitability for employment. Providing this information is strictly voluntary and you are not required by law to furnish any of the information requested herein. However, if you do not furnish it we may have difficulty determining your suitability for employment. The information provided herein will be accessible only to you, appropriate staff of the City of Medina, or as provided for by Minnesota Statutes. By law, I understand that I have the right to receive a free copy of my consumer report and/or investigative consumer report from the consumer reporting agency if one is obtained, upon my written request for this information.

I hereby authorize the City of Medina to obtain "consumer reports" and/or "investigative consumer reports" in connection with processing my application for employment. I further authorize the appropriate individuals, companies, institutions or agencies, including consumer reporting agencies, to release this information.

Applicant Signature: _____ **Date**: _____

APPLICANT'S STATEMENT

I certify that I have read the "Notice to Applicant" regarding the MN Data Practices Act, and understand my rights as a subject of data. I hereby release the City of Medina, with which I am seeking employment, from any liability which may result from releasing information requested.

I understand that if offered a position, I may be required to submit to and pass a drug screen.

I hereby certify that all answers contained in this supplemental application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, dismissal from employment upon discovery of the information.

By signing this form I hereby acknowledge I have read and understood the above statements. *Failure to sign this form may result in rejection of your application.*

Applicant Signature: _____ **Date**: _____

Revised 5/7/2012

CITY OF MEDINA

Election of Veteran's Preference Form
(Minnesota Statute 43A.11)

Name: _____
(Please Print)

Are you eligible to claim veteran's preference?

☐ Yes ☐ No (**if "no" is marked, please stop here**)

Do you wish to claim veteran's preference if you achieve a passing score?

☐ Yes ☐ No

If yes, please check the preference you are claiming:

☐ Veteran – defined as a U.S. citizen or resident alien who separated under honorable conditions, and

1. has served on active duty for at least 181 consecutive days, or
2. was discharged by reason of disability incurred while on active duty, or
3. has met active duty requirements as defined by the Code of Federal Regulations, or
4. has active military service certified under section 401, Public Law Number 95-202

In addition, you cannot be currently receiving a monthly veteran's pension based exclusively on length of service. **Attach a copy of your DD214 in order to receive 10 points**.

☐ Disabled Veteran – defined as a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces, which disability is currently existing. (Attach a copy of your DD214 and FL 802 (or an equivalent letter from a service retirement board) to receive 15 points.

☐ Spouse of a deceased veteran. Attach a copy of your marriage certificate, the veteran's DD214 and the death certificate to receive 10 points.

☐ Spouse of a disabled veteran who is unable to use preference due to disability. Attach a copy of your marriage certificate, the veteran's DD214 and FL802 (or an equivalent letter from a service retirement board) to receive 15 points.

AFFIDAVIT:

I hereby claim veteran's preference for this vacancy and certify that all the information given is true, complete, and the best of my knowledge.

I hereby authorize the Veteran's Administration to release information necessary to process this application to the City of Medina.

SIGNATURE:_____ **DATE:**_____

Supplemental Application
Utility Maintenance Technician (Water & Sewer)

This supplemental form will be used to rank applicants, so please be complete and accurate in your responses. Do not respond “see resume”. Incomplete responses, false statements, omissions, or partial information may result in disqualification from the selection process.

1. Please describe your experience with Public Works functions and tasks.

2. Please describe your experience operating, maintaining, and repairing trucks and equipment.

3. Please describe your experience working in, supporting, or your knowledge of municipal water, sanitary sewer, and stormwater systems.

4. List any relevant certifications and licenses.