Application for Employment

We welcome you as an applicant for employment with the Cascade-Rochester Road Services and Maintenance Joint Powers Board. It is the Board's policy to provide equal opportunity in employment. The Board 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 refer to the Applicant Data Practices Advisory for information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee. The Cascade-Rochester Road Services and Maintenance Joint Powers Board 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 ___ Please print in INK or type when completing this application Personal Information Name: (Last) (First) (MI) Street Address City, State, Zip Phone Number Alternate Phone **Email** Title of position applying for: Davs/Hours available to work: __ Tue ___ Wed Thu Sat Sun No Preference Are you at least 18 years old? Yes □ No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Educational Information

Circle the highest grad	e 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/PHD/JD		
School Name	Address	Course of study	Degree		
High School:		o o o o o o o o o o o o o o o o o o o	Degree		
College:					
Graduate School:					
Technical/Vocational:	e intinués es seu position	8			
Other:		<u> </u>			
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:					
For positions requiring you to drive: Do you have a valid Class A Driver's License? Yes Do					
Have you had any accidents during the past three years? Yes ☐ No ☐ How many?					
Have you had any moving violations during the past three years? Yes \(\Boxed{1}\) No \(\Gamma\) How many?					

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:		
		a a
May we contact this employer?	es No	
Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Last job title	1
Reason for leaving (be specific):		
o (co aposino).		
Describe your work in this job:	The state of the s	
May we contact this employer? Ye	s No D	

Employment Experience Continued

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?	es U No U	
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? Ye	s U No U	

Uns	alaried Experience
Describe any unsalaried or volunteer experiexclude, if you wish, information which would	ience relevant to the position for which you are applying (you may reveal race, sex, religion, age, disability, or other protected status).
Mil	litary Experience
Did you serve in the U.S. Armed Forces?	Yes □ No
Describe your duties:	
Do you wish to apply for Votorana' Desfarance	V ₂
Do you wish to apply for Veterans' Preference.	
ir you answered "yes," you must complete to	the enclosed application for Veteran's Preference, and submit the
Board by the application deadline of the position	Cascade-Rochester Road Services and Maintenance Joint Powers
pp.	
	References
	Kelefices
lease list two references other than relatives	
	s of previous employers.
ama	
ame	Name
osition	Position
oditon	Position
ompany	Company
	Company
ddress	Address
	7 1001 000
A STATE OF THE STA	
none ()	Phone ()

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 Cascade-Rochester Road Services and Maintenance Joint Powers Board is "at will," and that if I am hired, employment may be terminated by either the Cascade-Rochester Road Services and Maintenance Joint Powers Board or me at any time, with or without notice.

With my signature below, I am providing the Cascade-Rochester Road Services and Maintenance Joint Powers Board 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 this employer?," contact with that employer will not be made without my specific authorization.

I further understand that criminal history checks may be conducted after I have been selected for an interview, 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 Cascade-Rochester Road Services and Maintenance Joint Powers Board in writing of any changes to information reported in this application for employment.

Signature

Date

Veteran's Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERAN'S 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 Services Office.

The Cascade & Rochester Joint Powers Board 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 (5) points preference only for the first promotion after securing employment with the Cascade & Rochester Joint Powers Board.

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) (F	(Last) (First) (MI)		Position For Which You Applied					
Add (Ot				Closing Date:				
Address (Street) (C	(City)	(State) (2	(Zip)			Are you a US Citizen or Resident Alien?		
						YES	☐ NO	
/ETERAN (10 points):								
"Member Copy 4" of DD	214 or DD215, or o	ther documents	Gamera at a					
"Member Copy 4" of DD Honorably discha	arged veteran	Ve	s □ N	g service, must be s lo □	submitted to	receive points	3.)	
000 00 TAR DEW TOO TAR DE TOTAL CONTROL TO	generalian	10	» Ц	10 🗀				
DISABLED VETERAN (1	5 points);							
'Member Copy 4" of DD	214, or other docu	nentation verify	ina service	and USDVA Johns	-6 -11L-1114			
			*	Alid CODAY letter	or disability	rating decision	n of 10% or	more must
Percent of Disabi	lity:%							
Have you ever be	en promoted within	the Cascade-R	lochester R	oad Services and M	laintananaa	laint D		_
							Board? Ye	s No
Member Copy 4" of DD	VETERAN (10 po	ints or 15 if the	veteran w	as disabled at time	n of death).			
mornibol Copy 4 Of DD	414 UI DDZ 15. or o	ther documents	tion works				22200000	VII VIII
nd proof veteran died or married or were divorce	n or as a result of	active duty mus	st be subm	itted to receive poin	nts Vou ore	ige ceruncate,	spouse's de	eath certifica
	d frama the contained			Polit	iw. Tou are	urandinia (o	receive poin	ts if you have
emarried or were divorced Date of Death:		Have you rem		Yes No []			
Date of Death:		Have you rem						
Date of Death:	VETERAN (15 poi	Have you rem	arried?	Yes No [_			
POUSE OF DISABLED Member Copy 4" of DD2	VETERAN (15 poil	Have you rem	arried?	Yes No [_	disability rating	decision of	10% or mor
Date of Death:	VETERAN (15 poir 14 or DD215, or other points.)	Have you remaine): ter documentati	arried? on verifying	Yes No [/A letter of o			
Date of Death:	VETERAN (15 poir 14 or DD215, or other points.)	Have you remaine): ter documentati	arried? on verifying	Yes No Service, and USDV	/A letter of o			

<u>AFFIDAVIT</u>: 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 acknowledge that I am responsible to obtain the required Veteran's Preference verification documents and submit them to the Cascade & Rochester Joint Powers Board by the required application deadline.

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Date

Information Regarding Claiming Veteran's 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:
 - 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 veteran's preference points. You are required to supply the following information:

- 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.
- 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.
- 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 Powers Board. Please contact our office at	est in employment with the Cascade & Rochester Jointor your local County Veterans Service Office if
you have any questions regarding veteran's preference.	

Applicant Data Practices Advisory

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 - 13.90) includes two sections affecting applicants seeking employment with the Cascade-Rochester Road Services and Maintenance Joint Powers Board. First, under "Rights of Subjects of Data" (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the Joint Powers Board must advise you of:

- The purpose and intended use of the data:
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State of Federal law to receive the data you provide.

Second under "Personnel Data" (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically

- Your veteran's status:
- Your job history:
- Your education and training:
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered 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.

If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- You job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the Cascade & Rochester Joint Powers Board, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- You work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received:
- Payroll timesheets or other comparable data that are only used to account for your works time for payroll purposes: except to the extent that release of time sheet data would reveal employee's reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience:
- The "complete" terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of the Joint Powers Board staff needing it to process Joint Powers Board records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census:
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

The data you provide is needed to identify you and assist in determining your suitability for the position for which you are applying.

NOTICE REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and reteined in the

NOTICE TO MINORS: Minors from whom private data or confidential data is collected have the right to request that parental access to the private data

If you have any questions regarding your rights as a subject of data, please contact the Cascade & Rochester Joint Powers Board at