

APPLICANT NAME: _____

DATE: _____

APPLICATION FOR EMPLOYMENT

Applicants are considered without regard to race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, sexual preference, status with regard to public assistance, local human rights commission activity or any other basis protected by law.



**1902 6th Ave E
Hibbing, MN 55746**

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.

Please type or print clearly in ink and fill out this form completely.

PERSONAL INFORMATION

| | | |
|--|---|--|
| Name (Last, First, Middle) | | |
| Address (Street) | | (City) (State) (Zip) |
| Home Phone | Daytime Phone | Email address |
| Are you legally eligible to work in the United States in the position for which you are applying? Proof of citizenship or work eligibility will be required as a condition of employment. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you at least 18 years old? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of position applying for | Type of employment sought <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary | |

EDUCATION

| School Name | School Address | Course of Study | Degree |
|-------------|----------------|-----------------|--------|
| High School | | | |
| College | | | |
| Other | | | |

OTHER COURSEWORK

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position

LICENSES/CERTIFICATES

List any current licenses, registrations, or certificates which may be related to this position (including driver's license and class)

MILITARY SERVICE

Did you serve in the U.S. Armed Forces? Yes No

Describe your military service:

Do you wish to apply for Veterans' Preference points Yes No
If you answered "yes," you must complete the enclosed application for Veterans' Preference points

APPLICANT NAME: _____

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. If you have ever been employed by the Hibbing Public Utilities, be sure to include that position below.

| | | | |
|--|--|--|--|
| <i>Name of employer</i> | | <i>Street Address, City, State, Zip Code</i> | |
| <i>Type of Business</i> | | <i>Your supervisor's name phone number</i> | <i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Dates employed (mo./yr.)</i> From: _____ To: _____ | | <i>Job Title</i> | <i>Part-Time</i> <input type="checkbox"/> <i>Full Time</i> <input type="checkbox"/> |
| <i>Reason for leaving</i> | | | |
| <i>Job duties/accomplishments</i> | | | |

| | | | |
|--|--|--|--|
| <i>Name of employer</i> | | <i>Street Address, City, State, Zip Code</i> | |
| <i>Type of Business</i> | | <i>Your supervisor's name and phone number</i> | <i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Dates employed (mo./yr.)</i> From: _____ To: _____ | | <i>Job Title</i> | <i>Part-Time</i> <input type="checkbox"/> <i>Full Time</i> <input type="checkbox"/> |
| <i>Reason for leaving</i> | | | |
| <i>Job duties/accomplishments</i> | | | |

| | | | |
|--|--|--|--|
| <i>Name of employer</i> | | <i>Street Address, City, State, Zip Code</i> | |
| <i>Type of Business</i> | | <i>Your supervisor's name and phone number</i> | <i>May we contact this employer?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Dates employed (mo./yr.)</i> From: _____ To: _____ | | <i>Job Title</i> | <i>Part-Time</i> <input type="checkbox"/> <i>Full Time</i> <input type="checkbox"/> |
| <i>Reason for leaving</i> | | | |
| <i>Job duties/accomplishments</i> | | | |

If you wish to provide references, attach a separate sheet or include them on your resume.

CERTIFICATION: READ BEFORE SIGNING

I certify that the information I have provided in this document and the statements made by me are complete and true to the best of my knowledge; and I authorize investigation of all information I have provided. I understand that any false information, omissions, or misrepresentations of the facts I have presented may result in rejection of my application or, if I am employed, my discharge at any time during my employment regardless of when false answers or omissions are discovered.

I understand that this is not an employment contract. If I am offered employment, I agree to submit to legally permissible background screening, substance abuse testing, and/or physical examination. I understand that, if employment is offered, it will be contingent upon the results of my background check, substance abuse test, and/or physical examination and such results being considered satisfactory based upon the position/s for which I am applying. I understand that my information in this application may be shared with other Company employees for administrative purposes and hereby consent to such sharing.

All employment offers are conditioned upon the applicant passing a criminal background check. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought. However, making false statements or withholding information will cause you to be barred from employment or removed from employment.

I authorize all persons, schools, companies, and law enforcement agencies to release any and all information regarding my background.

Date

Applicant's Signature

Hibbing Public Utilities Commission Information for Job Applicants

Application Process

- Your application will be placed in the HPU application file for a period of one year from the date it is received.
- During this one-year period, your application will be reviewed as positions become available.
- If you wish for your application to remain in the file beyond the one-year period, you must contact the Hibbing Public Utilities to update your application.
- You may update your application as many times as you wish; however, you may wish to complete a new application periodically to reflect any new work or educational experience you have gained.

Submitting Your Completed Application

Applications should be sent to:

Stacie Loe
Human Resources
Hibbing Public Utilities
Hibbing, MN 55746

Updating Your Application or Questions:

Contact Stacie Loe, Human Resources
Phone: 218-262-7725
Fax: 218-262-7756
email: Stacie.Loe@hpuc.com
Office: Room 206, Hibbing Public Utilities Administration Building

Pre-employment Testing

All job offers at the HPU are conditional upon prospective employees passing a pre-employment physical (which includes drug testing) and a background check.

Special Boilers License

This license is not a necessary requirement of employment with HPU, but applicants applying for positions on the Firing Line must have a Special Boiler License or the ability to obtain one in 60 days. If you are interested in obtaining a boiler license, please visit the Minnesota Department of Labor and Industry website at <http://www.doli.state.mn.us/cld/BoilerLicensing.asp>, or call (651) 284-5544.

Authorization to Work

Proof of citizenship or work eligibility will be required as a condition of employment.

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 Hibbing Public Utilities. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City 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 or 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 public:

- 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;
- Your 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 Hibbing Public Utilities, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your 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 work 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;

Applicant Data Practices Advisory continued

- 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 city staff needing it to process city 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.

With the exception of the optional data requested, the data you provide is needed to identify you and you assist in determining your suitability for the position for which you are applying. Furnishing the optional data requested about you is voluntary.

NOTICE REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and retained in the employee’s data record.

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 be denied.

If you have any questions regarding your rights as a subject of data, please contact the Hibbing Public Utilities Human Resources Department at 218-262-7732, 1902 6th Ave E, Hibbing, MN 55746. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**

VETERANS' PREFERENCE

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214 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 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 "member Copy 4" of your DD214, contact your County Veterans' Service Office.

The Hibbing Public Utilities 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 Hibbing Public Utilities.

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 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) | Social Security Number | Position For Which You Applied |
| Address (Street) | | | Phone Number | Closing Date: Are you a US Citizen or Resident Alien? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | (City) | (State) | (Zip) | |

VETERAN (10 points):

("Member Copy 4" of DD214 or DD215 must be submitted to receive points)
Honorably discharged veteran Yes No

DISABLED VETERAN (15 points):

("Member Copy 4" of DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)
Percent of Disability: _____%
Have you ever been promoted within the City of _____ employment? Yes No

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

("Member Copy 4" of DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty 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

SPOUSE OF DISABLED VETERAN (15 points):

("Member Copy 4" of DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)
How does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

AFFIDAVIT: I hereby claim Veterans' Preference points 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 Veterans' Preference verification documents and submit them to the Hibbing Public Utilities by the required application deadline.

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. 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 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, 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 Hibbing Public Utilities. Please contact our office at (651) 281-1200 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.