We welcome you as an applicant for employment with the City of Chaska. It is the City of Chaska's policy to provide equal opportunity in employment. The City of Chaska 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 accurate and 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 guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The City of Chaska 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 Human Resources Department at 952-448-9200.

Personal Inform	nation			
Name				
	Last	First	Middle	
Current Address				
	Street	City	State	Zip
Permanent Addres	ss			
	Street	City	State	Zip
Phone Number		Email Address		
How did you hear	of us?	Are you	under the age of 1	8?
		oof of your identity and eligibility to work in the U.S d as a condition of employment	6. as required by Federal La	iw?

Employment Desired	
Position	Date you can start
Are you currently employed?	If so, may we reach out to your current employer?
Type of employment desired	Number of hours per week:

Availability						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From	From	From	From	From	From	From
То	То	То	То	То	То	То

Education				
	Name and City/State of School	How many years did you complete?	Did you Graduate?	Subjects Studied/Degrees Received
High School				
College				
Trade, Business, or Correspondence School				
Other Education				

Unpaid Expe	rience								
					for which you are a	pplying	(you may exclude,	if you v	wish, information
which would revea	ıl race, sex	, religion, age	, disability,	, or other prote	cted status)				
Employmen	t Exper	ience							
List your last 4 emp	oloyers, sta	rting with mo		and include any	at the City of Chaska				
Duration/Length of Employment	Name of	Employer and	l Position	Hourly Rate	Туре с	of Work,	/Tasks	Re	eason for Leaving
or Employment									
References									
Name		Phone Nu	mber & Em	ail Address	Company		How are		Years
							Acquaint	eur	Acquainted
In Case of Er	nergen	cy, Notif	y:						
Name Relationship			hip	Phone		Email			
Military Eyn	Military Experience								
Do you wish to			Preferer	nce points?	Check one	Yes:		No:	

If you answered "yes," you must complete the enclosed application for Veterans' Preference points and submit the application and required documentation to the City of Chaska by the application deadline of the position for which you are applying.

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. I understand and acknowledge that any misrepresentation or omission of facts in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or will be grounds for dismissal if hired, regardless of length of employment or when the misrepresentation or omission is discovered. I acknowledge and understand it is my responsibility to notify the City of Chaska in writing of any changes to information reported in this application for employment.

I authorize the City of Chaska to investigate and verify all information contained in this application, including contacting current or previous employers.

Further, unless the position is covered by an applicable policy or labor agreement affecting at-will employment, I acknowledge my understanding and agree that employment with the City of Chaska is at-will, and that potential employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated any time by either the City of Chaska or me with or without any previous notice.

Applicant Signature	Date	

Applicant Data Practices Advisory

According to Minn. Stat. § 13.04, the City must advise you of the following.

Purpose and intended use of the data:

The City collects this information for purposes of selecting a candidate for hire. Your data will be used to in making employment-related decisions. For public safety positions or in the event you are selected for hire, your data may be used to perform a criminal background check, including using the BCA's website.

Whether you may refuse or are legally required to supply this data: Application for employment as well as supplying any data in application for employment is voluntary.

Consequences arising from supplying or refusing to supply this data:

We take pride in hiring the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the City you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

Complete this form only if you are claiming Veterans' Preference

Instructions:

Honorably discharged veteran

- Veteran's 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 City of Chaska 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 City of Chaska.

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.

Personal Information			
Name			
Last	First	Middle	
Current Address			
Street	City	State Zip	
Position Applied For			
Position		Position Closing Date	
Phone Number	Email Address		
Are you a US Citizen or Resident Alien? Check One:	Yes	No	
Veteran (10 points)			
"Member Copy 4" of DD214 or DD215, or other documentation verify	ing service, must be submitted to	receive points.	

Disabled Veteran (15 points)					
"Member Copy 4" of DD214, or other documentation verifying service, 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	Yes		No		
the City of Chaska employment?					

No

Yes

Spouse of Deceased Veteran (10 points or 15 if the veteran was disabled at time of death) "Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, and spouse's death certificate must be submitted to receive points. If applicable, USDVA letter of disability rating decision of 10% or more must also 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 other documentation verifying service, photocopy of marriage certificate, 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 City of Chaska 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:

- 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 City of Chaska. Please contact our office or your local County Veterans' Service Office if you have any questions regarding veterans' preference.