****

# Application for Employment

*Please fill out* ***ALL*** *information on the enclosed form.* ***Incomplete applications will not be considered.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position Applying For:  ❑ Senior Community Development Specialist | | | | Type of Employment you are Seeking:  Full-time ❑ Part time ❑ Temporary ❑ | |
|  | | | | | |
| **Today’s Date:** | **Name:** (Last, First, Middle) | | | | |
| **Mailing Address:** (Street) (Apt. No.) (City) (State) (Zip Code) | | | | | |
| **Phone:** | | | | **Email:** | |
| Do you have the legal right to work in the United States?  Yes ❑ No ❑  (Final confirmation of employment with UMVRDC is contingent upon timely completion of an Employment Eligibility Verification Form (Form I-9) | | **Are you at least 18 years of age?**  Yes ❑ No ❑ | | | **Do you have any relatives employed by or on the board of the UMVRDC?**  Yes ❑ No ❑  **If yes, whom?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you ever been dismissed or forced to resign a position?  Yes ❑ No ❑ | | How did you learn about this job for which you are applying? | | | Do you have a valid driver’s license?  Yes ❑ No ❑  State\_\_\_ License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you ever been previously employed by the UMVRDC?  Yes ❑ No ❑  If yes, date of hire/title: | | | | | Available Start Date: |
| Post-Secondary Education:  Name Location Year | | | Type of Degree | | Major/Minor/Certificate |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
| List any other relevant registrations, licenses or certifications you have: | | | | | |
| ❑ Attach all post-secondary transcripts to this application. | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Experience: Starting with your present or most recent employer:   * List ALL prior work history including internships and jobs unrelated to this position * Provide explanation for any gaps in employment. * *Provide ALL information on the enclosed form. Incomplete applications will not be considered.* | | | |
| Current or last employer | | Employer Address, City, State | |
| Employer phone number | | Supervisor’s name | |
| Dates employed (month/year)  From: To: | Ending Salary | Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full time  Part Time\_\_\_\_\_hrs/week | Reason for leaving |
| Provide detailed summary below of all job duties / accomplishments: | | | |
| May we contact your current employer? Yes\_\_\_\_\_ No\_\_\_\_\_\_\_\_ Contact me first \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |
| Previous employer | | Employer Address, City, State | |
| Employer phone number | | Supervisor’s name | |
| Dates employed (month/year)  From: To: | Ending Salary | Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full time  Part Time\_\_\_\_\_hrs/week | Reason for leaving |
| Provide detailed summary below of all job duties / accomplishments: | | | |
|  | | | |
| Previous employer | | Employer Address, City, State | |
| Employer phone number | | Supervisor’s name | |
| Dates employed (month/year)  From: To: | Ending Salary | Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full time  Part Time\_\_\_\_\_hrs/week | Reason for leaving |
| Provide detailed summary below of all job duties / accomplishments: | | | |

|  |  |
| --- | --- |
| Expertise Checklist | |
|  | Provide a detailed summary of your knowledge or experience in each area listed below. |
|  | 1. Establishment and implementation of annual goals & strategies. 2. Developing project proposals. 3. Working with state or federal agencies, cities, counties, or other boards and committees. 4. Developing and implementing projects. 5. Coordinating or facilitating public meetings or leading public engagement processes. 6. Utilizing GIS technology for planning, research and analysis. 7. Researching, writing, and implementing grants. 8. Developing and implementing community surveys. 9. Comprehensive Planning 10. Zoning Ordinance Development 11. Broadband 12. Housing 13. Recreation Development 14. Hazard Mitigation 15. Economic Development 16. Capital improvement planning 17. Business retention and expansion processes 18. Researching and implementing community finance methods |
|  | **Provide a detailed example of your skills or expertise in each of the following areas.** |
|  | 1. Oral communication 2. Written communication 3. Examples of working on projects in both an individual and team environment. 4. Strong computer based skills with MS Office, Adobe Creative Suite, Access, GIS. 5. Providing customer service 6. Supervising employees |

|  |
| --- |
| **Check one option:**  \_\_\_\_\_ I am a Veteran.  \_\_\_\_\_ I am not a Veteran. |
| **Election of Veterans Preference**  The UMVRDC awards Veterans Preference to qualified veterans and spouses of deceased veterans in accordance with MN Statutes, Section 197.455. Complete this section only if you are a veteran and claiming Veteran’s Preference. NOTE: If you elect to use Veteran’s Preference, you must provide a copy of your DD-214. Disabled veterans must also supply form FL-802 or an equivalent letter from Veteran’s Administration. The spouse of a deceased veteran must provide a death certificate along with other required eligibility papers.  **My supporting documentation:** \_\_\_\_ is attached.  \_\_\_\_ will be submitted by the application deadline.  Type of preference you are claiming:  \_\_\_\_ Veteran \_\_\_\_ Disabled Veteran  \_\_\_\_Spouse of Deceased Veteran \_\_\_\_ Spouse of Disabled Veteran |

|  |
| --- |
| Application Attachment Checklist:  \_\_\_Cover letter highlighting three things you can contribute to the UMVRDC community  development team.  \_\_\_ List ALL work history   * Include internships * Explain any gaps in employment. * Detailed explanation of work responsibilities and accomplishments   \_\_\_ Provided detailed answers to expertise checklist  \_\_\_ Attached all post-secondary transcripts  **\_\_\_Signed Certification and Authorization Statement**  **\_\_\_ Form DD-214 or FL-802 if claiming veteran’s preference**  \_\_\_Other Attachments: To assist us in evaluating your application, please feel free to attach any additional information necessary to describe your full qualifications. Please note we do not accept resumes in place of any of the information that we have requested on this application. Please list attachments below: |



**Certification and Authorization Statement**

**Please read carefully and sign below:**

I understand that this employment application and any other documents presented to me in the course of applying for employment with UMVRDC are not contracts or promises of employment. If employed, I understand the duration, hours, nature, compensation and benefits of my employment may be changed and modified from time to time without limitation or condition. Employment is at will in nature, meaning that the Upper Minnesota Valley Regional Development Commission or the employee may terminate employment at any time, with or without notice.

I understand that if I am chosen as a finalist for this position a criminal background investigation, drivers record and credit check will be performed.

I authorize UMVRDC to investigate all statements on this application, including work history and education. I authorize my previous employers and work references to release any and all personnel data, including performance evaluations and complaints against the employee, to the UMVRDC as it relates to my application for employment at the UMVRDC. Specifically, I release and waive any and all claims, including but not necessarily limited to claims for defamation, libel and slander, that I may have against any such individual or company as a result of their compliance with UMVRDC’s request for information.

I authorize all schools, colleges, universities and other educational institutions I have attended to provide UMVRDC with all information which it seeks related to the dates of my attendance, the degrees I have earned, the courses I have taken, my grade point average and related matters. I waive and release any and all claims I may have against these institutions as a result of their compliance with UMVRDC’s request for information.

I certify that the information I have provided in this application is true and correct to the best of my knowledge and belief. I understand that any false statements or omissions in this employment application form, or made in the course of applying for employment at UMVRDC, may disqualify me for employment or cause my subsequent dismissal from employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Signature Date**

**EQUAL OPPORTUNITY EMPLOYER**

The UMVRDC does not discriminate in employment and no question on this is used for the purpose of limiting or excluding any applicant’s consideration for employment on the basis prohibited by local, state, or federal law.

**DATA PRACTICES**

In accordance with the Minnesota Government Data Practices Act, the Upper Minnesota Valley Regional Development Commission (UMVRDC) is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private. The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications. You are not required to provide this information; however, it is necessary to determine if you are qualified for employment. If you do not supply the required information, the UMVRDC will not be able to consider you for employment. The use of the data we collect is limited to that necessary for the administration and management of the UMVRDC’s employment practice. Persons or agencies with whom this information may be shared include: UMVRDC’s Executive Director, Finance Director, and managers and supervisors in a department where the job openings occur. Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private. You may exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include: the right to see and obtain copies of the data maintained on you; the right to be told the contents and meaning of the data; and the right to contest the accuracy and completeness of the data. To exercise these rights, contact the Executive Director of the UMVRDC.