



Upper Minnesota Valley  
**REGIONAL DEVELOPMENT COMMISSION**  
Helping Communities Prosper

323 W. Schlieman Ave. Appleton, MN 56208 320.289.1981 www.umvrdc.org

## APPLICATION FOR EMPLOYMENT

Complete all applicable areas. **Do not mark your application "SEE RESUME"**. An incomplete application may reduce your opportunity for employment with the UMRDC. **Applications must be received by the application deadline. Late applications will not be considered.**

### COVER LETTER

Submit a cover letter highlighting three things you can contribute to the UMRDC community development team.

### POSITION DESIRED

Title of the Position for which you are applying:

Date available to begin employment:

Where did you hear about this position? Please be specific:

### PERSONAL DATA

Name

Last

First

Middle (No initials please)

Address

Street

City

State

Zip

Phone

Are you 18 years of age or older?

Yes

No

Have you previously worked for the UMRDC?

Yes

No

List all other names under which you have been employed or under which your employment or educational records may be found.

## EDUCATION

College, university, technical, business, trade, vocational or other school (list most recent first)

Name of School:

Address of School:

Degree/Diploma Received:

Major/Minor:

Dates of Attendance:

My transcripts are attached

Name of School:

Address of School:

Degree/Diploma Received:

Major/Minor:

Dates of Attendance:

My transcripts are attached

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Address of School:

Degree/Diploma Received:

Major/Minor:

Dates of Attendance:

My transcripts are attached

List/describe any other training and/or experience relevant to the position for which you are applying:

## WORK/VOLUNTEER EXPERIENCE

List all work and volunteer experiences (most recent listed first). Explain any gaps in employment in the section below. Attach additional sheets if necessary.

Employer Name:

Employer Address:

Employer Phone:

Title:	Full-time	Part-time	# hours/week
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Job Duties:

Salary:

Dates of Employment/Experience: Month/Year

Reason for Leaving:

Supervisor's Name:

May we contact this employer or organization?	Yes	No
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## ADDITIONAL WORK/VOLUNTEER EXPERIENCE

Employer Name:

Employer Address:

Employer Phone:

Title:	Full-time	Part-time	# hours/week
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Job Duties:

Salary:

Dates of Employment/Experience: Month/Year

Reason for Leaving:

Supervisor's Name:

May we contact this employer or organization?	Yes	No
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Employer Address:

Employer Phone:

Title:                                      Full-time                      Part-time                      # hours/week

Job Duties:

Salary:

Dates of Employment/Experience: Month/Year

Reason for Leaving:

Supervisor's Name:

May we contact this employer or organization?      Yes                      No

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Employer Name:

Employer Address:

Employer Phone:

Title:                                      Full-time                      Part-time                      # hours/week

Job Duties:

Salary:

Dates of Employment/Experience: Month/Year

Reason for Leaving:

Supervisor's Name:

May we contact this employer or organization?      Yes                      No

## EXPLANATION OF ANY GAPS IN EMPLOYMENT:

### PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff?

Yes            No

If yes, identify the employer and describe the circumstances:

### LICENSURE

Do you have a valid driver's license?            Yes            No

State:

### VETERANS PREFERENCE

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 and submit the application and required documentation to the UMVRDC by the application deadline of the position for which you are applying.

### UNEXCUSED ABSENCE FROM WORK

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family?

### EQUAL EMPLOYMENT OPPORTUNITY

It is the UMVRDC's policy to provide equal opportunity in employment. The UMVRDC 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 guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The UMVRDC 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 Dawn Hegland at [dawn.hegland@umvrdc.org](mailto:dawn.hegland@umvrdc.org) or 320.289.1981 x 101

## **DATA PRIVACY NOTICE**

The information requested on this application is intended to be used by the UMVRDC in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time.

However, failure to provide complete, accurate information may result in the UMVRDC being unable or unwilling to offer employment to you.

Under the law, the following data on you as an applicant is public. This means that it is available to anyone who asks to see it.

1. Veteran status
2. Relevant test scores
3. Your rank on our eligible list
4. Your job history
5. Your education and training; and
6. Your work availability

Your name is considered private until you are certified eligible for appointment to a vacancy or considered by the appointing authority to be a finalist for a position in public employment. For the UMVRDC purposes “finalist” means an individual who is selected to be interviewed by the appointing authority or their designee prior to selection. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the UMVRDC without your consent except as necessary for tax purposes or otherwise required by state or federal law.

## **BACKGROUND CHECK**

The UMVRDC will conduct a background check on the finalist. This may include employment eligibility verification, credit, criminal, drivers record, education and prior employment. No offer of employment shall become final until receipt of the results of the background check, the content of which is acceptable to the UMVRDC.

## **CERTIFICATION, ACKNOWLEDGMENT AND RELEASE**

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me for consideration for employment and constitutes grounds for my immediate dismissal should I be employed by the UMRDC.

**I understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the UMRDC Executive Director and that until such approval the UMRDC shall not be liable for any reliance on any oral or written offers of employment made to me.

**I hereby authorize** in connection with this application any and all current and former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application, or any agent of such current or former employer or volunteer organizations, to release to the UMRDC and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the UMRDC will use this information in determining my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature below.

**I hereby release** the UMRDC and all current and former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said the UMRDC, current and former employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

Date

Signature (DO NOT PRINT)

# VETERAN'S PREFERENCE

COMPLETE THIS FORM **ONLY** IF YOU ARE A VETERAN **AND** ARE CLAIMING VETERAN'S PREFERENCE  
 NOTE: COPY OF DD214 MUST BE ATTACHED

You must submit a PHOTOCOPY 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 DD214, contact your local County Veterans' Service Office.

The UMRDC operates under a point preference systems 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 added 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 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, 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 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 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing UMRDC employment.

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 your 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)	M	SOCIAL SECURITY NUMBER		POSITION FOR WHICH YOU APPLIED
					<b>Closing Date:</b>
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	PHONE NUMBER	ARE YOU A US CITIZEN OR RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

**Veteran (10 points)** (DD214 or DD215 must be submitted to receive points):

Honorably discharged veteran.....  YES       NO

**FOR DISABLED VETERANS (15 POINTS):** (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 in the UMRDC employment? .....  YES       NO

**FOR SPOUSES OF DECEASED VETERANS (5 points, 10 if the veteran was disabled):**

(DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of activity 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

**FOR SPOUSES OF DISABLED VETERANS (10 points):**

(Attach DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

Due to the veteran's service-connected disability the veteran is unable to qualify for this position because:  
 (be specific)

**AFFIDAVIT:** 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 veterans preference verification documents and submit them to the UMRDC by the required application deadline date.

Signature

Date



## Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans subject to the provisions of MN statute 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 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 MN Statute 197.455.
- 3.) A spouse of a deceased veteran applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215, USDVA verification that veteran died on or as a result of activity duty, a death certificate, verification of their marriage at the time of veteran's death and that the spouse has not remarried.