HUTCHINSON HOUSING AND REDEVELOPMENT AUTHORITY

APPLICATION FOR EMPLOYMENT

We welcome you as an applicant for employment. It is our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, creed, color, age, religion, sex, sexual orientation, marital status, status with regard to public assistance, national origin, physical, genetic information, or mental disability in all aspects of our personnel policies, programs, practices and operations.

Please complete the application form in its entirety, and please print plainly/legibly.

PERSONAL INFORMATION

Name:_____ Date: _____
Last First Middle

Permanent Address:_____ City:_____ State:_____ Zip:_____

Other Address (if applicable):_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Daytime/Cell Phone:_____ Email:_____

Are you 18 years or older? ☐Yes ☐No Are you legally eligible to work in the U. S.? ☐Yes ☐No

Position applied for:_____

Date available for work:_____

EDUCATION

Highest grade completed (Please circle)	High School 9 10 11 12	College 13 14 15 16	Graduate School 1 2 MA PHD JD
High School Name Address			Did you graduate/receive a GED? ☐Yes ☐No

SCHOOLS

Type	Name/Location	Degree	Major/Course of Study
Vocational/Technical			
College/University			
Graduate			
Other			

Please summarize coursework, training and continuing education related to the position for which you are applying:

List any trade/professional licenses or certificates (please include date issued and expiration date):

Human Resources

Phone 320-587-5608 or 320-234-4497
Fax 320-234-4240
Website: **www.hutchinsonhra.com**

Address: 111 Hassan St. SE
Hutchinson, MN 55350

EMPLOYMENT

Have you held **previous employment** with **HUTCHINSON HRA**? ☐ Yes ☐ No

If yes, what position and when? _____

List present and previous employment, beginning with your most recent:

Name and Address of Company and Type of Business	From MO	From YR	To MO	To YR	Starting Pay Rate	Ending Pay Rate	Name of Supervisor

Position Held:

Describe the work you performed:

Reason for leaving:

Telephone:

May we contact this employer for information regarding your prior work experience? ☐ Yes ☐ No

Name and Address of Company and Type of Business	From MO	From YR	To MO	To YR	Starting Pay Rate	Ending Pay Rate	Name of Supervisor

Position Held:

Describe the work you performed:

Reason for leaving:

Telephone:

May we contact this employer for information regarding your prior work experience? ☐ Yes ☐ No

Name and Address of Company and Type of Business	From MO	From YR	To MO	To YR	Starting Pay Rate	Ending Pay Rate	Name of Supervisor

Position Held:

Describe the work you performed:

Reason for leaving:

Telephone:

May we contact this employer for information regarding your prior work experience? ☐ Yes ☐ No

Answer this question only if the position for which you are applying requires a driver's license.

Do you have a valid driver's license? ☐ Yes ☐ No If yes, which State? _____

Class? ☐ **A** ☐ **B** ☐ **C** ☐ **D** Endorsements: _____

Skilled Trade Experience: Please list the machinery and equipment you have operated and the number of years of experience.

Office Equipment/Computer Software Experience: Please list the office equipment and computer software you can operate proficiently and the number of years of experience.

VOLUNTEER OR COMMUNITY ACTIVITIES		
ORGANIZATION	**ACTIVITY**	**CONTACT & PHONE #**

PROVIDE ADDITIONAL INFORMATION, if any, the Hutchinson HRA should be aware of in considering your employment.

Please read the following carefully and sign this application

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. I agree and understand that any false statements or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I acknowledge that none of the statements made in this application are intended to be, nor should be construed as a contract between the City and myself.

I authorize the Hutchinson HRA to verify the information I have provided in this Employment Application.

I hereby authorize all current and previous employers to release job-related information to the Hutchinson HRA. However, I understand that if, in the Employment Record section, I have answered "No" to the question, "May we contact your present employer?", contact with my current employer will not be made without my specific authorization.

Signature _____ Print Name _____ Date _____

NOTICE OF DRUG AND ALCOHOL TESTING POLICY

The Hutchinson HRA has adopted a Drug and Alcohol Testing Policy. Generally, the Policy prohibits the use and possession of drugs and alcohol at work. It also prohibits being at work under the influence of drugs or alcohol. The Drug and Alcohol Testing Policy applies to all employees and job applicants. Copies of the Policy have been distributed to all employees and are also available from the HRA management. All employees are asked to read and become familiar with the HRA's Policy.

You have the right to refuse to be tested for drugs or alcohol; however, such refusal may result in your discharge.

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the Hutchinson HRA 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.

Minnesota Statues 13.01 to 13.87 on Government Data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data: 1. Name, 2. Home address, 3. Home phone number, 4. Disability type. Your name, however, may become public upon consideration as a finalist for a job opening.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be a job related considering affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient. The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the Hutchinson HRA and the policies, rules, and regulations promulgated pursuant thereto.

FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the Hutchinson HRA Offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this.

Witness my signature that I fully understand the contents of this warning.

_____ _____

Signature of Applicant Date

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' 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' Service Office.
Hutchinson HRA 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 Hutchinson HRA.
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, it must be received within 7 days of the application deadline. Please attach a note with it indicating the position for which you are applying.

Name (Last) (First) (MI)	Position For Which You Applied Closing Date:	
Address (Street) (City) (State) (Zip)	Phone Number	Are you a US Citizen or Resident Alien? ☐ YES ☐ NO

VETERAN (10 points):
("Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points)
Honorably discharged veteran Yes ☐ No ☐

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 the Hutchinson HRA 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, or other documentation verifying service, 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, or other documentation verifying service, 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 Hutchinson HRA no later than 7 days after the required application deadline.**

_____ _____
Signature Date

For Office Use Only
☐ 15 Points
☐ 10 Points

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The Hutchinson HRA appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Please indicate the position(s) for which you are applying:_____

Please indicate how you heard about this position:_____

Please place a check in the appropriate blanks:

Gender: ☐ **Male** ☐ **Female**

With which racial / ethnic group do you identify?

☐ **Asian or Pacific Islander**
☐ **African American (Black)**
☐ **Hispanic**
☐ **Native American or Alaskan Eskimo**
☐ **Caucasian (White)**
☐ **Other (please indicate):**_____

Disability status, defined as:

1. **Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;**
2. **Has a record of such an impairment (condition);**
3. **Is regarded as having such impairment (condition).**

Based on the above information, do you claim Disability status?

☐ **Yes** ☐ **No**