



2522 Marshall Street NE
 Minneapolis, Minnesota 55418-3329

(612) 465-8780
 (612) 465-8785 fax

www.mwmo.org

**MISSISSIPPI
 WATERSHED
 MANAGEMENT
 ORGANIZATION**

EMPLOYMENT APPLICATION

We welcome you as an applicant for employment with the Middle Mississippi Watershed Management Organization (“MWMO”). Your application will be considered with others in competition for the position in which you are interested. All information contained in or connected with this application will be considered personal and confidential and will be used only in conjunction with your possible employment by the MWMO. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information or materials, which you believe qualify you for the position for which you are applying.

RETURN TO: MWMO
 Human Resources
 2522 Marshall Street NE
 Minneapolis, MN 55418-3329

Please note that the MWMO does not accept faxed copies of completed employment applications forms. Please print neatly in ink

GENERAL INFORMATION			
1) TITLE: (of specific position for which you are applying)		2) DATE OF APPLICATION:	3) DATE AVAILABLE FOR WORK:
4) LAST NAME:	FIRST NAME:	MIDDLE NAME:	
6) STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
COUNTY:	7) PERSONAL PHONE:	8) BUSINESS PHONE:	
9) ARE YOU UNDER THE AGE OF 21? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE OF BIRTH:		10) DO YOU HAVE RELATIVES WORKING FOR THE MWMO? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, RELATIONSHIP: DEPT:	
11) EMPLOYMENT POSITION DESIRED: (check any you would accept) <input type="checkbox"/> PERMANENT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME		12) HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE MWMO? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, POSITION:	
13) WORK EXPERIENCE			
LIST YOUR PRESENT OR MOST RECENT EXPERIENCE FIRST. (Do not include dates more than 10 years ago.) ATTACH ADDITIONAL SHEET IF NECESSARY. BE COMPLETE.			
EMPLOYING FIRM:	ADDRESS:	PHONE NUMBER: () -	
POSITION/TITLE:		NUMBER AND TYPE OF POSITIONS YOU SUPERVISED:	
LENGTH OF EMPLOYMENT: FROM: TO:		SUPERVISOR:	SUPERVISOR'S TITLE:
LAST SALARY:	HOURS PER WEEK:	REASON FOR LEAVING:	
PRINCIPAL RESPONSIBILITIES:			
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:			

MWMO EMPLOYMENT APPLICATION

13) WORK EXPERIENCE (CONTINUED)

LIST YOUR PRESENT OR MOST RECENT EXPERIENCE FIRST. (Do not include dates more than 10 years ago.)
ATTACH ADDITIONAL SHEET IF NECESSARY. BE COMPLETE.

EMPLOYING FIRM:		ADDRESS:		PHONE NUMBER: ()-
POSITION/TITLE:			NUMBER AND TYPE OF POSITIONS YOU SUPERVISED:	
LENGTH OF EMPLOYMENT: FROM: TO:			SUPERVISOR:	SUPERVISOR'S TITLE:
LAST SALARY:	HOURS PER WEEK:	REASON FOR LEAVING:		
PRINCIPAL RESPONSIBILITIES:				
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:				
EMPLOYING FIRM:		ADDRESS:		PHONE NUMBER: ()-
POSITION/TITLE:			NUMBER AND TYPE OF POSITIONS YOU SUPERVISED:	
LENGTH OF EMPLOYMENT: FROM: TO:			SUPERVISOR:	SUPERVISOR'S TITLE:
LAST SALARY:	HOURS PER WEEK:	REASON FOR LEAVING:		
PRINCIPAL RESPONSIBILITIES:				
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:				
EMPLOYING FIRM:		ADDRESS:		PHONE NUMBER: ()-
POSITION/TITLE:			NUMBER AND TYPE OF POSITIONS YOU SUPERVISED:	
LENGTH OF EMPLOYMENT: FROM: TO:			SUPERVISOR:	SUPERVISOR'S TITLE:
LAST SALARY:	HOURS PER WEEK:	REASON FOR LEAVING:		
PRINCIPAL RESPONSIBILITIES:				
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:				
EMPLOYING FIRM:		ADDRESS:		PHONE NUMBER: ()-
POSITION/TITLE:			NUMBER AND TYPE OF POSITIONS YOU SUPERVISED:	
LENGTH OF EMPLOYMENT: FROM: TO:			SUPERVISOR:	SUPERVISOR'S TITLE:
LAST SALARY:	HOURS PER WEEK:	REASON FOR LEAVING:		
PRINCIPAL RESPONSIBILITIES:				
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:				

MWMO EMPLOYMENT APPLICATION

14) EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED? YES NO
SCHOOL ATTENDED:

HOW MANY YEARS OF EDUCATION HAVE YOU COMPLETED? (circle one)
GRADE SCH: 7 8 HIGH SCH: 9 10 11 12 COLLEGE: 13 14 15 16
POST GRAD: 1 2 MA PH D

NAME AND LOCATION OF COLLEGE, UNIVERSITY OR TECH SCHOOL	QTR. OR SEM. HOURS	DID YOU GRADUATE?	CERTIFICATE OR DEGREE	COURSE OF STUDY

15) RELEVANT CURRENT PROFESSIONAL MEMBERSHIPS, REGISTRATIONS OR LICENSES. INCLUDE DATE ISSUED:

16) JOB RELEVANT VOLUNTEER AND UNPAID WORK EXPERIENCE

KIND OF VOLUNTEER ACTIVITY (Do not specify organization)	MAJOR RESPONSIBILITIES	PERCENT OF TIME PER RESPONSIBILITY	NUMBER OF HOURS PER MONTH	YEARS	
				FROM	TO

17) DESCRIBE ANY ADDITIONAL EXPERIENCE OF TRAINING THAT QUALIFIES YOU FOR THIS JOB:

18) OFFICE EQUIPMENT, WORD PROCESSING AND COMPUTER EXPERIENCE

HARDWARE EXPERIENCE (be specific)

SOFTWARE EXPERIENCE (be specific)

OTHER:

TYPING SPEED: (words per minute)

19) DRIVER'S INFORMATION:

DRIVER'S LICENSE NUMBER:

STATE:

CLASS:

EXPIRATION:

20) REFERENCES

GIVE THE NAMES OF AT LEAST FOUR PEOPLE OTHER THAN RELATIVES WHO CAN BE CONTACTED REGARDING YOUR QUALIFICATIONS, WORK HABITS AND CHARACTER.

NAME	PRESENT ADDRESS	TELEPHONE	POSITION AND RELATION TO YOUR WORK

MWMO EMPLOYMENT APPLICATION

21) LEGAL TO WORK

DO YOU LEGALLY HAVE THE RIGHT TO WORK IN THE UNITED STATES? YES NO

IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, THE MWMO HIRES ONLY U.S. CITIZENS AND LAWFULLY AUTHORIZED ALIEN WORKERS. IF HIRED, YOU WILL BE REQUIRED TO PROVIDE WRITTEN DOCUMENTATION OF CITIZENSHIP OR LEGALIZED ALIEN PROGRAM.

22) CRIMINAL RECORD

BACKGROUND CHECKS

THE MWMO CONDUCTS CRIMINAL HISTORY BACKGROUND CHECKS ON ALL EMPLOYEES.

CANDIDATES FOR POSITIONS WORKING WITH CHILDREN WILL NOT BE SELECTED IF THEY HAVE BEEN CONVICTED OF ANY CRIME LISTED IN THE CHILD PROTECTION WORKER ACT (MINNESOTA STATUTES 299C.61 & 62). GENERALLY THIS INCLUDES CHILD ABUSE CRIMES, MURDER, MANSLAUGHTER, FELONY LEVEL ASSAULT OR ANY CRIME COMMITTED AGAINST A MINOR, KIDNAPPING, ARSON, CRIMINAL SEXUAL CONDUCT, AND PROSTITUTION RELATED CRIMES.

BEFORE ANY APPLICANT (OTHER THAN APPLICANTS FOR POSITIONS WITHIN THE POLICE OR FIRE DEPARTMENT) IS REJECTED ON THE BASIS OF CRIMINAL CONVICTION, HE OR SHE WILL BE NOTIFIED IN WRITING AND WILL BE GIVEN ANY RIGHTS AFFORDED BY MINNESOTA STATUTES CHAPTER 364. THIS INCLUDES THE RIGHT TO SHOW EVIDENCE OF REHABILITATION.

ACCOMMODATIONS

DO YOU HAVE ANY PHYSICAL OR HEALTH LIMITATIONS THAT WOULD REQUIRE SPECIAL OR REASONABLE ACCOMMODATIONS BY THE MWMO: YES NO IF YES, PLEASE DESCRIBE THE NATURE OF THE ACCOMMODATION:

TENNESSEEN WARNING/DATA PRACTICES NOTICE TO ALL APPLICANTS

THE MINNESOTA GOVERNMENT DATA PRACTICES ACT REQUIRES THAT YOU BE INFORMED OF THE PURPOSES AND INTENDED USES OF THE INFORMATION YOU PROVIDED TO THE MWMO DURING THE APPLICATION PROCESS OR DURING EMPLOYMENT. ANY INFORMATION ABOUT YOURSELF THAT YOU PROVIDE WILL BE USED TO IDENTIFY YOU AS AN APPLICANT AND TO ASSESS YOUR QUALIFICATIONS FOR EMPLOYMENT WITH THE MWMO. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT, YOU ARE REQUIRED TO PROVIDE THE INFORMATION REQUESTED IN THE APPLICATION FOR EMPLOYMENT. IF YOU REFUSE TO SUPPLY INFORMATION REQUESTED BY THE MWMO, IT MAY MEAN YOUR APPLICATION WILL NOT BE CONSIDERED.

YOU ARE HEREBY ADVISED THAT, UNDER MINNESOTA LAW, THE FOLLOWING INFORMATION GIVEN BY AN APPLICANT IS CONSIDERED TO BE PUBLIC: VETERAN STATUS, RELEVANT TEST SCORES, RANK ON OUR ELIGIBLE LIST; JOB HISTORY; EDUCATION AND TRAINING; WORK AVAILABILITY.

AS AN APPLICANT, YOUR NAME IS CONSIDERED PRIVATE UNTIL YOU ARE CERTIFIED AS ELIGIBLE FOR APPOINTMENT TO A POSITION OR WHEN APPLICANTS ARE CONSIDERED BY THE APPOINTING AUTHORITY TO BE FINALISTS FOR A POSITION WITH THE MWMO. "FINALIST" MEANS AN INDIVIDUAL WHO IS SELECTED TO BE INTERVIEWED BY THE APPOINTING AUTHORITY PRIOR TO SELECTION.

THE DATA CONCERNING YOU, WHICH IS PLACED IN YOUR APPLICATION FOLDER OR IN YOUR PERSONNEL FILE AND WHICH IS NOT LISTED AS PUBLIC, IS PRIVATE. THIS PRIVATE DATA WILL BE SHARED WITH YOU AND THOSE MEMBERS OF THE MWMO STAFF WHO NEED IT TO PROCESS THE APPLICATION, UPDATE YOUR PERSONNEL RECORD, EVALUATE YOUR WORK PERFORMANCE AND IF YOU ARE HANDICAPPED, PROVIDE THE NECESSARY ACCOMMODATIONS. IT MAY ALSO BE SHARED WITH THE FOLLOWING: PERSONS AUTHORIZED TO HAVE ACCESS TO THE INFORMATION UNDER STATE OR FEDERAL LAW; PERSONS AUTHORIZED BY COURT ORDER TO HAVE ACCESS TO THE INFORMATION; AND PERSONS TO WHOM YOU CONSENT IN WRITING TO HAVE ACCESS TO THE INFORMATION.

MWMO EMPLOYMENT APPLICATION

WITH THE EXCEPTION OF RACIAL AND ETHNIC DATA, THE DATA YOU GIVE US ABOUT YOURSELF IS NEEDED TO IDENTIFY YOU AND TO ASSIST DETERMINING YOUR SUITABILITY FOR THE POSITION FOR WHICH YOU ARE APPLYING. RACIAL AND ETHNIC DATA IS USED TO MONITOR PROTECTED CLASS EMPLOYMENT AND TO MEET FEDERAL, STATE, AND LOCAL REPORTING REQUIREMENTS. FURNISHING RACIAL AND ETHNIC DATA ABOUT YOURSELF, AS WELL AS YOUR SOCIAL SECURITY NUMBER, IS VOLUNTARY.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT THIS APPLICATION IS NOT, AND IS NOT INTENDED, TO BE A CONTRACT FOR EMPLOYMENT. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION, OR INTERVIEW(S), MAY RESULT IN DISCHARGE. I UNDERSTAND ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE MWMO.

I CERTIFY THAT ANSWERS HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I HAVE READ THE "NOTICE TO APPLICATION" REGARDING THE MINNESOTA DATA PRACTICES ACT (MN STATUTES 1301-1390), AND I UNDERSTAND MY RIGHTS AS A SUBJECT OF DATE.

CONSENT

AS AN APPLICANT FOR A POSITION WITH THE MWMO, I CONSENT TO THE MWMO POLICE DEPARTMENT CONDUCTING A CRIMINAL HISTORY BACKGROUND INVESTIGATION ON ME. I UNDERSTAND THAT THE INFORMATION I PROVIDE IS CLASSIFIED AS PRIVATE. I CONSENT TO THE RELEASE OF THE INFORMATION I AM PROVIDING IN THIS BACKGROUND INVESTIGATION FORM AND ANY OTHER INFORMATION OBTAINED AS A RESULT OF THIS BACKGROUND INVESTIGATION, AS IS NECESSARY AND APPROPRIATE, TO THE MWMO.

APPLICANT SIGNATURE: _____ DATE: _____

23) SIGNATURE

I UNDERSTAND THE MWMO HAS THE RIGHT TO VERIFY INFORMATION PROVIDED IN THE APPLICATION. IF THERE ARE ANY MISREPRESENTATIONS ON THIS APPLICATION OR MY RESUME OR MADE BY ME IN AN INTERVIEW, WHICH MAY BE DISCOVERED NOW OR ANY TIME IN THE FUTURE, I MAY BE DISCHARGED FOR CAUSE WITHOUT SEVERANCE PAY OF ANY KIND. FALSE INFORMATION OR MISREPRESENTATION MAY ALSO SUBJECT ME TO THE PENALTY PROVISIONS OF M.S. § 43A.39.

IN CONNECTION WITH THIS APPLICATION FOR EMPLOYMENT, I AUTHORIZE THE MWMO AND ANY AGENT ACTING ON ITS BEHALF TO CONDUCT ANY INQUIRY INTO ANY JOB-RELATED INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING, BUT NOT LIMITED TO, MY RECORDS MAINTAINED BY AN EDUCATIONAL INSTITUTION RELATING TO ACADEMIC PERFORMANCE (such as transcripts). MOREOVER, I HEREBY RELEASE THE MWMO AND ANY AGENT ACTING ON ITS BEHALF FROM ANY AND ALL LIABILITY BY REASON OF REQUESTING SUCH INFORMATION FROM ANY PERSON.

- YES
 YES, BUT NOT PRESENT EMPLOYER UNTIL JOB IS OFFERED.
 NO, (We may be unable to hire you without this information).

I DECLARE THAT ANY AND ALL STATEMENTS IN THIS APPLICATION OR INFORMATION PROVIDED ARE TRUE AND COMPLETE AND HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED HEREIN.

SIGNATURE: (DO **NOT** PRINT) _____ DATE: _____

THE MWMO DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, SEXUAL ORIENTATION, FAMILIAL STATUS OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES.

THE MWMO DOES NOT DISCRIMINATE ON THE BASIS OF HANDICAPPED STATUS IN THE ADMISSION OR ACCESS TO OR TREATMENT OF OR EMPLOYMENT IN, ITS PROGRAMS OR ACTIVITIES. IT IS THE POLICY OF THE MWMO TO PROVIDE REASONABLE ACCOMMODATIONS TO KNOWN PHYSICAL AND MENTAL LIMITATIONS OF QUALIFIED HANDICAPPED APPLICANTS AND EMPLOYEES IN ORDER FOR TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB IN QUESTION.

THE MWMO IS AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER

MWMO EMPLOYMENT APPLICATION

VETERAN'S PREFERENCE POINTS SUPPLEMENT

(must be completed by all applicants)

Veterans Preference Points Instructions

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their application score. Points are awarded subject to the provisions of Minnesota Statute 43A.11. To be eligible for veteran's preference you must:

- 1. Be 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 servicing on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
- 2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

You must supply a copy of your DD214. Disabled veterans must also supply Form P1-802 or an equivalent letter from a service retirement board. Eligible spouses applying for a preference points must supply their marriage certificate, the veteran's DD214 or FLO892 or death certificate. If you supply the supporting documentation by separate mail, your name and position applied for must be included.

Applicant's Full Name: _____

Position Applying For: _____

Are you applying for veteran's bonus points? Yes No

(If you answered "yes" you must complete the application below. Your DD214 or other documentation must be received by the MWMO no later than 7 calendar days after the application deadline for the position.)

VETERAN'S PREFERENCE POINTS APPLICATION

Veteran: Self Spouse If Spouse, veteran's name: _____

Branch of Service: _____ Period of Active Duty: From _____ To _____

Rank at Discharge: _____ Type of Discharge: _____ Date of Final Discharge: _____ Service Number: _____

Are you receiving or eligible for a military pension? Yes No

Do you have a service related disability Yes No

Preference Requested:

Veteran Disabled Veteran Spouse of Disabled Veteran Spouse of Deceased Veteran

Your Preference Points application cannot be considered without supporting documentation. If the documentation is not attached, it must be received in the MWMO offices no later than 7 calendar days after the application deadline for the position to guarantee points are awarded in a timely manner.

MWMO EMPLOYMENT APPLICATION

AFFIRMATIVE ACTION INFORMATION

(voluntary)

To All Applicants:

The information requested below will be used for statistical purposes only. It will enable us to evaluate our recruitment process in light of federal and state equal opportunity laws. Your cooperation is strictly voluntary. Your application will be reviewed whether or not you provide this information.

Thanks for your help!

Date: _____ Position for which applying: _____

Gender: Male: Female: Age: _____

Ethnic Identification: White Black Asian Hispanic American Indian Other _____

Do you have a disability that substantially limits basic work activities? Yes No

Special Notice to Disabled Individuals:

If you are a disabled person, you are invited to volunteer information concerning any personal physical or mental disability and your suggestions on how we may accommodate you: _____

How did you learn about this job?

Private employment agency (Name: _____)

State job service

Other public employment agency (Name: _____)

Minneapolis Star/Tribune

St. Paul Pioneer Press

Other local newspaper (Name: _____)

College/Technical School (Name: _____)

High School (Name: _____)

Walk-in/lobby posting

MWMO Employee

Minority group referral (Name: _____)

Other (Be specific) _____