



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:            |
| EMAIL:                                                                                                                                                                                                          |             | 7) PERSONAL PHONE:                                                                                                                      | 8) BUSINESS PHONE:          |
| 9) ARE YOU UNDER THE AGE OF 21?<br><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE OF BIRTH:                                                                                              |             | 10) DO YOU HAVE RELATIVES WORKING FOR THE MWMO?<br><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, RELATIONSHIP: DEPT: |                             |
| 11) EMPLOYMENT POSITION DESIRED:<br>(check any you would accept) <input type="checkbox"/> PERMANENT <input type="checkbox"/> FULL-TIME<br><input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME |             | 12) HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE MWMO?<br><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.)<br>ATTACH ADDITIONAL SHEET IF NECESSARY. BE COMPLETE.                                                         |             |                                                                                                                                         |                             |
| EMPLOYING FIRM:                                                                                                                                                                                                 | ADDRESS:    |                                                                                                                                         | PHONE NUMBER:<br>( ) -      |
| POSITION/TITLE:                                                                                                                                                                                                 |             | NUMBER AND TYPE OF POSITIONS YOU SUPERVISED:                                                                                            |                             |
| LENGTH OF EMPLOYMENT:<br>FROM: TO:                                                                                                                                                                              |             | SUPERVISOR:                                                                                                                             | SUPERVISOR'S TITLE:         |
| HOURS PER WEEK:                                                                                                                                                                                                 |             | REASON FOR LEAVING:                                                                                                                     |                             |
| PRINCIPAL RESPONSIBILITIES:                                                                                                                                                                                     |             |                                                                                                                                         |                             |
| MAY WE CONTACT THIS EMPLOYER?<br><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:<br>(     )- |
| POSITION/TITLE:                                                                                           |                 |                     | NUMBER AND TYPE OF POSITIONS YOU SUPERVISED: |                           |
| LENGTH OF EMPLOYMENT: FROM: TO:                                                                           |                 |                     | SUPERVISOR:                                  | SUPERVISOR'S TITLE:       |
|                                                                                                           | HOURS PER WEEK: | REASON FOR LEAVING: |                                              |                           |
| PRINCIPAL RESPONSIBILITIES:                                                                               |                 |                     |                                              |                           |
| MAY WE CONTACT THIS EMPLOYER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: |                 |                     |                                              |                           |
| EMPLOYING FIRM:                                                                                           |                 | ADDRESS:            |                                              | PHONE NUMBER:<br>(     )- |
| POSITION/TITLE:                                                                                           |                 |                     | NUMBER AND TYPE OF POSITIONS YOU SUPERVISED: |                           |
| LENGTH OF EMPLOYMENT: FROM: TO:                                                                           |                 |                     | SUPERVISOR:                                  | SUPERVISOR'S TITLE:       |
|                                                                                                           | HOURS PER WEEK: | REASON FOR LEAVING: |                                              |                           |
| PRINCIPAL RESPONSIBILITIES:                                                                               |                 |                     |                                              |                           |
| MAY WE CONTACT THIS EMPLOYER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: |                 |                     |                                              |                           |
| EMPLOYING FIRM:                                                                                           |                 | ADDRESS:            |                                              | PHONE NUMBER:<br>(     )- |
| POSITION/TITLE:                                                                                           |                 |                     | NUMBER AND TYPE OF POSITIONS YOU SUPERVISED: |                           |
| LENGTH OF EMPLOYMENT: FROM: TO:                                                                           |                 |                     | SUPERVISOR:                                  | SUPERVISOR'S TITLE:       |
|                                                                                                           | HOURS PER WEEK: | REASON FOR LEAVING: |                                              |                           |
| PRINCIPAL RESPONSIBILITIES:                                                                               |                 |                     |                                              |                           |
| MAY WE CONTACT THIS EMPLOYER?<br><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? <input type="checkbox"/> YES <input type="checkbox"/> NO                               |                        | EDUCATION COMPLETED                                                                                                                                                                 |                                    |                 |
| SCHOOL ATTENDED:                                                                                                                           |                        | HIGH SCHOOL <input type="checkbox"/> COLLEGE: ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> GRADUATE <input type="checkbox"/> PHD <input type="checkbox"/> |                                    |                 |
| 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<br>(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 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 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

Do you wish to apply for Veterans' Preference points:  Yes  No

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### 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 (38 U.S.C. § 106)

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 "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. Generally, 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 if it was incurred prior to September 7, 1980.
- 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, 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 MWMO. Please contact our office at 612-782-3301 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

# MWMO EMPLOYMENT APPLICATION

**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.**

The MWMO 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, or have active military service certified under 38 U.S.C. § 106, 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 MWMO.

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.

|                  |         |         |                                |                                                                                                  |
|------------------|---------|---------|--------------------------------|--------------------------------------------------------------------------------------------------|
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 a compensable disability rating decision must be submitted to receive points)

Percent of Disability: \_\_\_\_\_ %

Have you ever been promoted within the MWMO 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 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 a compensable service connected disability rating decision 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 MWMO by the required application deadline.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

# 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:  Prefer to self describe: \_\_\_\_\_  Age: \_\_\_\_\_

Ethnicity Identification:  Hispanic  Non-Hispanic

Race Identification:  American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White  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: \_\_\_\_\_

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### How did you learn about this job?

MWMO Email List

LinkedIn

Indeed

Handshake

League of Minnesota Cities

Minnesota Environmental Partnership

Conservation Job Board

MWMO Employee

Other (Be specific) \_\_\_\_\_