

**TO PROSPECTIVE APPLICANTS FOR THE
CITY OF MEDINA
SEASONAL PUBLIC WORKS MAINTENANCE WORKER POSITION**

Application materials required for this position include the following items:

- Employment Application
- Required Supplemental Questionnaire
- Supplemental Application
- Veterans Preference Form

Optional materials to submit for this position:

- Cover Letter
- Resume

Send completed application materials to: jodi.gallup@medinamn.gov or mail to:

Jodi Gallup
CITY OF MEDINA
2052 County Road 24
Medina, MN 55340-9790

Deadline for applications is 4:30 p.m., Monday, April 9, 2018.

Any questions regarding the materials or hiring process should be directed to:

Jodi Gallup, Assistant City Administrator

- Phone: (763) 473-8850
- E-mail: jodi.gallup@medinamn.gov

Projected Hiring/Appointment Timeline

- April 9 – Application Deadline at 4:30 p.m.
- April 10-13 – Review/Scoring of Applications
- April 20– Interviews with Top Scoring Applicants
- April 23-27 – Background/Reference Check of Recommended Appointee
- April 27-30 – Offer/Acceptance of Appointee
- May 14 – Preferred Starting Date of Appointee

SEASONAL PUBLIC WORKS MAINTENANCE WORKER

Position Title: Seasonal PW Maintenance Worker
Department: Public Works
Accountable To: Public Works Foreman

Pay: \$16 - \$19
FLSA Status: NON-EXEMPT
Work Status: Part-time, temporary

PRIMARY OBJECTIVE OF POSITION

To perform non-supervisory, manual, semi-skilled, and skilled work to assist in maintenance tasks performed in all public works areas. To operate a variety of equipment and to perform routine maintenance on City-owned buildings/facilities.

ESSENTIAL FUNCTIONS OF POSITION

- Assists in street maintenance activities: patches potholes and fills cracks; cleans/repairs storm sewers/catch basins; and paints crosswalks.
- Assists in park maintenance activities: mows grass and trims grass/trees/bushes; inspects playground equipment and park areas and keeps free of trash and other hazards.
- Assists in the maintenance of City buildings: cleans/sanitizes and performs basic carpentry.
- Performs preventative maintenance of Street Department vehicles as well as heavy and light equipment, including minor repairs.
- Operates a one-ton truck with a hoist, pickup trucks, riding and push lawn mowers, string trimmer, pumps, leaf blower, and various hand/power tools.

OTHER DUTIES AND RESPONSIBILITIES

- Performs other related duties as delegated by the PW Foreman or apparent.

HIRING AND PERFORMANCE ASSESSMENTS WILL INCLUDE THE FOLLOWING KNOWLEDGE, SKILLS, AND ABILITIES:

- Basic knowledge of infrastructure functions: streets, parks, water and sewer.
- Skill in repair and maintenance of public works tools, equipment and facilities.
- Skill in troubleshooting problems and taking corrective measures.
- Ability to comply with OSHA-related rules & ability to follow applicable safety guidelines while performing work tasks.
- Ability to communicate effectively with other City employees and the general public.
- Ability to follow oral and written instructions.
- Ability to work independently and as part of a team.
- Ability to exert moderate to considerable effort to perform the position's essential functions.
- Ability to regularly lift/carry objects weighing up to 60 pounds.
- Ability to perform various movements such as lifting, bending, carrying while performing essential functions.

MINIMUM QUALIFICATIONS: Must be 18 years of age, hold a clean driver's license, and some knowledge/skills related to public works.

PREFERRED QUALIFICATIONS: Ability to run basic light-duty equipment. Class B driver's license.



You must complete this application fully, even if information is duplicated on a resume or cover letter. Falsified or misleading statements on this application may be grounds for disqualifying you from being further considered for employment with the City of Medina.

How did you learn about this position? *(Optional) (Please circle one)*

Newspaper/Publication: Crow River News LMC Cities Bulletin City Website Other: _____

EMPLOYMENT DESIRED				
Title of Position Applying For		Date Available for Work		Salary/Wage Required
Available to work: Full-time Part-time Temporary Seasonal <i>(Circle one)</i>				

PERSONAL INFORMATION			
First Name	Last Name		Middle Name
Current Mailing Address		City	State Zip Code
Home Phone Number () Cellular Phone Number ()		Email address:	

- Are you at least 18 years of age?** NO YES
- Are you a U.S. Citizen or legally eligible to work in the U.S.?** NO YES
(If hired, you will be required to provide documentation that you are eligible to work)
- Have you filed an application with the City of Medina previously?** NO YES If yes, give date(s)
- Have you ever been employed by the City of Medina previously?** NO YES If yes, give date(s)

Request for Accommodation
 If you require assistance in the hiring process because of a special need,
 please contact the City Administrator at the City
 to make a specific request for reasonable accommodation.

*****List the most recent (or current) employer first, then next most recent, and so forth.*****

WORK EXPERIENCE		<i>Employer 1</i>
<i>May we contact this employer?</i> YES NO If no, explain:		
Employer		Phone Number
Address		Supervisor's Name and Title
Position Title	Description of Duties	
Length of Employment From: To:		
Hours Worked per Week		
Reason for Leaving		
WORK EXPERIENCE		<i>Employer 2</i>
<i>May we contact this employer?</i> YES NO If no, explain:		
Employer		Phone Number
Address		Supervisor's Name and Title
Position Title	Description of Duties	
Length of Employment From: To:		
Hours Worked per Week		
Reason for Leaving		
WORK EXPERIENCE		<i>Employer 3</i>
<i>May we contact this employer?</i> YES NO If no, explain:		
Employer		Phone Number
Address		Supervisor's Name and Title
Position Title	Description of Duties	
Length of Employment From: To:		
Hours Worked Per Week		
Reason for Leaving		

EDUCATION

Did you graduate from high school or receive a GED? YES NO

Name and Location of School/Program attended: _____

Name and Location of College, University, or Technical School	Did you graduate?	Degree/Diploma	Program of Study
	YES NO		
	YES NO		
	YES NO		

REFERENCES

Please list three individuals (not relatives), who have known you for at least 1 year, who can attest to your work qualities.

Name and Occupation	Present Address	Phone Number

ACKNOWLEDGEMENT

I understand the City of Medina has the right to verify information contained in this application. I authorize the City of Medina and any agent acting on its behalf to investigate all statements contained in this application for employment and any addendum, including, but not limited to, my educational records such as transcripts, and work records as may be necessary to determine my eligibility for employment. Moreover, I hereby release the City of Medina and any agent acting on its behalf from any and all liability by reason of requesting such information from any person or entity.

I certify that answers given herein are true and complete to the best of my knowledge and I understand that, if employed, falsified or misleading statements on this application and addendum or made during an interview, which may be discovered now or anytime in the future, shall be grounds for dismissal. I acknowledge that this document shall not be construed as a contract or offer of employment and understand and agree that, if hired, my employment is for no definite period and may be terminated at any time.

Signature _____ Date _____



IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

Certain information in this application is considered private; that is, it may be released only to you and agencies where you may be considered for employment. Information in this application that is defined by law as *public* may be released on request and includes: veteran status; relevant test scores; rank on eligible list; job history; education and training; and work availability. Your name is private data except when certified as eligible for appointment to a vacancy or when you are considered by the appointing authority to be a finalist for a position in public employment. (To comply with M.S. 13.43, Subd. 2 and Subd 3).

Private Data	Why We Ask For It?	Are You Legally Obligated To Provide It?	What May Happen If You Don't Provide It?
Name	To distinguish you from all other applicants.	Yes	Failure to provide may be cause for rejection of your application.
Address	To be able to send you correspondence.	Yes	Failure to provide may be cause for rejection of your application.
Home Telephone	To be able to contact you to arrange for an interview, if granted.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.

The City of Medina does not discriminate on the basis of race, color, religion, creed, national origin, age, sex, disability, marital status, sexual orientation, status with regard to public assistance, membership in a local commission, or any other legally protected status in its hiring or employment practices.



Required Supplemental Questionnaire

Applicant Name: _____

SEASONAL PUBLIC WORKS MAINTENANCE WORKER

YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT.

Please note:

This supplemental form will be used to rank applicants, so please be complete and accurate in your responses.

1. Do you have a high school diploma or equivalent? (*choose one*) **YES** **NO**

2. Do you possess any of street/water/sewer construction or maintenance experience?

(*choose one*) **YES** **NO**

Please detail your construction and maintenance experience, including equipment used:

Road Construction & Streets Maintenance Experience

(*choose one*) **YES** **NO**

Please explain your road construction and maintenance experience below:

Experience & Equipment Used _____ Company _____ Dates/Duration _____

Parks Maintenance Experience

(*choose one*) **YES** **NO**

Please explain your parks maintenance experience below:

Experience & Equipment Used _____ Company _____ Dates/Duration _____



Required Supplemental Questionnaire

Applicant Name: _____

Water and Wastewater Experience

(A) (choose one) **YES** **NO**

Please explain your water and waste water experience below:

Experience & Equipment Used Company Dates/Duration

Do you hold any water or waste water licensures?

(B) (choose one) **YES** **NO**

Please detail your water and waste water licenses below:

License License # License Effective Dates

3. Do you possess experience in a **municipal** Public Works department?

(choose one) **YES** **NO**

Organization Describe Duties Duration

4. Do you possess a Technical degree or certificate in a related field?

(choose one) **YES** **NO**

If you answered yes, please list the specific degree or certificate and list the school from which you received the degree/certificate. If possible, include a copy of your certificate or degree.

Degree or Certificate: _____

Field: _____

Institution: _____



Required Supplemental Questionnaire

Applicant Name: _____

5. Please list your experience with the following equipment and your proficiency with each type. Please rank 1 to 5, with 1 being lowest proficiency to 5 being highest proficiency for your proficiency with each piece of equipment listed below.

Wheel Loader

Proficiency:

Describe your experience:

Skid Loader

Proficiency:

Describe your experience:

Dump Truck (1-ton)

Proficiency:

Describe your experience:

List other street, park and/or utility maintenance and repair equipment you are proficient with, and describe your experience with each:

6. Do you possess a valid MN Commercial Driver's License?

(choose one) **YES** **NO**

If yes, what type of CDL: (choose one) **Class A** **Class B** **Class C**

Do you possess any license endorsements? (choose one) **YES** **NO**

If yes, please list specific endorsements:



Required Supplemental Questionnaire

Applicant Name: _____

7. Do you have any previous experience snow plowing with a commercial driver’s license?
 (choose one) **YES** **NO**

If yes, please describe your experience, the type of equipment used, the duration you performed this work, and the company you worked for:

Company	Experience & Equipment Used	Dates/Duration

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand that if offered a position, I must submit to and pass a controlled substance screen and will be required to submit to and pass a criminal background check, and employment reference checks.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant’s signature: _____

Date: _____



Supplemental Application

Applicant Name: _____

INSTRUCTIONS: Please review and complete each section on the Supplemental Application. Your responses to the Supplemental Application are used to evaluate your qualifications for the position. Failure to complete the Supplemental Application may limit our ability to evaluate your application.

NOTICE TO APPLICANT: Information requested on your application that is defined by State Statute as public may be released on request and includes job history, education and training, relevant test scores, rank on our eligibility list, Veteran's status, and work availability. Your name is private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment. Certain other information is private and may be released only to you or to governmental entities authorized access by law. Private data contained in this application:

Name/Social Security Number (SSN): Used to identify you in relation to other applicants. You are legally required to provide your name, but not your SSN. Failure to provide this information may result in a delay in processing or rejection of your application.

License Information: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in rejection of your application.

Social Security Number (Optional): _____

DRIVER'S LICENSE/RECORD

Driver's License Number: _____ State: _____ Expiration Date: _____

Class: _____ A _____ B _____ D _____ CDL

List any endorsements: _____

Do you have a clean driving record? _____ Yes _____ No If no, please explain: _____

CONVICTION INFORMATION: No person shall be disqualified from public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining the effect of a conviction, the City shall consider the requirements of Minnesota Statutes, Chapter 364. Applicants who are finalists for certain positions will be subject to a criminal background investigation.

I hereby give my consent for a personal background investigation, to include a criminal history check, DVS (Driver & Vehicle Services) check, and reference checks, if I become a finalist for this position.

Applicant Signature: _____ **Date:** _____

FAIR CREDIT REPORTING ACT DISCLOSURE: In connection with your application for employment, an investigation may be made in which “consumer reports” are obtained from a consumer reporting agency. Such reports may include information concerning your credit worthiness, credit capacity, character, general reputation, personal characteristics, or mode of living. Examples of such reports include, but are not limited to: your credit history and a criminal background check. Upon written request, you will be provided with a disclosure of the nature and scope of the consumer report.

The City of Medina will not use the information contained in the consumer report and/or investigative consumer report in violation of any applicable federal or state law or regulation.

If any consumer reports and/or investigative consumer reports indicate that any adverse action should be taken, including the denial of your application for employment, you will be provided with a copy of the report(s) and the “Summary of Your Rights Under the Fair Credit Reporting Act” per the Fair Credit Reporting Act.

The information contained herein is considered private data and will be used only to determine your suitability for employment. Providing this information is strictly voluntary and you are not required by law to furnish any of the information requested herein. However, if you do not furnish it we may have difficulty determining your suitability for employment. The information provided herein will be accessible only to you, appropriate staff of the City of Medina, or as provided for by Minnesota Statutes. By law, I understand that I have the right to receive a free copy of my consumer report and/or investigative consumer report from the consumer reporting agency if one is obtained, upon my written request for this information.

I hereby authorize the City of Medina to obtain “consumer reports” and/or “investigative consumer reports” in connection with processing my application for employment. I further authorize the appropriate individuals, companies, institutions or agencies, including consumer reporting agencies, to release this information.

Applicant Signature: _____ **Date:** _____

APPLICANT’S STATEMENT

I certify that I have read the “Notice to Applicant” regarding the MN Data Practices Act, and understand my rights as a subject of data. I hereby release the City of Medina, with which I am seeking employment, from any liability which may result from releasing information requested.

I understand that if offered a position, I may be required to submit to and pass a drug screen.

I hereby certify that all answers contained in this supplemental application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, dismissal from employment upon discovery of the information.

By signing this form I hereby acknowledge I have read and understood the above statements. *Failure to sign this form may result in rejection of your application.*

Applicant Signature: _____ **Date:** _____



**Election of Veteran's Preference Form
(Minnesota Statute 43A.11)**

Name: _____
(Please Print)

Are you eligible to claim veteran's preference?

Yes No (if "no" is marked, please stop here)

Do you wish to claim veteran's preference if you achieve a passing score?

Yes No

If yes, please check the preference you are claiming:

Veteran – defined as a U.S. citizen or resident alien who separated under honorable conditions, and
1. has served on active duty for at least 181 consecutive days, or
2. was discharged by reason of disability incurred while on active duty, or
3. has met active duty requirements as defined by the Code of Federal Regulations, or
4. has active military service certified under section 401, Public Law Number 95-202
In addition, you cannot be currently receiving a monthly veteran's pension based exclusively on length of service. **Attach a copy of your DD214 in order to receive 10 points.**

Disabled Veteran – defined as a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces, which disability is currently existing. (Attach a copy of your DD214 and FL 802 (or an equivalent letter from a service retirement board) to receive 15 points.

Spouse of a deceased veteran. Attach a copy of your marriage certificate, the veteran's DD214 and the death certificate to receive 10 points.

Spouse of a disabled veteran who is unable to use preference due to disability. Attach a copy of your marriage certificate, the veteran's DD214 and FL802 (or an equivalent letter from a service retirement board) to receive 15 points.

AFFIDAVIT:

I hereby claim veteran's preference for this vacancy and certify that all the information given is true, complete, and the best of my knowledge.

I hereby authorize the Veteran's Administration to release information necessary to process this application to the City of Medina.

SIGNATURE: _____ **DATE:** _____