TOWN OF FAYAL
SEASONAL RINK ATTENDANT APPLICATION

Please follow all instructions. Failure to follow instructions may preclude your application from being considered.

1. Application **must** be completed in all sections. If a line in the application does not pertain to you, please write in N/A.

2. Applications may be mailed to the Fayal Clerk's Office, dropped off in person or emailed to fayaltownship@mchsi.com. If you are emailing your application, please ask for a confirmation of delivery and read receipt before sending.

3. Applications may be faxed to the Fayal Clerk's Office at 218-744-5986. Please include a fax cover sheet stating how many pages the fax consists of so it will be known if all have been received.

4. Your application and all attachments become the property of the employer and will not be returned and will be kept on file for one year. Keep a copy of your completed application for your records.

TOWN OF FAYAL
Employment Application

4375 SHADY LANE
EVELETH, MN 55734

Application for Employment

We welcome you as an applicant for employment with the Town of Fayal. It is the Town of Fayal's policy to provide equal opportunity in employment. The Town of Fayal 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 Town of Fayal 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 Heidi Latvaaho at 218-744-2878 or fayaltownship@mchsi.com.

Please complete application fully, in your own handwriting, even if information is duplicated in a resume. Falsified or misleading statements on this application may be grounds for disqualifying you from being further considered for employment with the Town of Fayal.

APPLICANT INFORMATION					
Last Name	First		Middle	Date	
Street Address				Apartment/Unit #	
City	State			ZIP	
Daytime Phone	Alternate Telephone				
Email Address					
Date Available					
Position Applied for					
Are you legally eligible to work in the United States in the position in which are applying? (Proof of citizenship or work eligibility will be required as a condition of employment)	YES ☐	NO ☐	Are you at least 18 years old?	YES ☐	NO ☐
Have you ever worked for the Town of Fayal?	YES ☐	NO ☐	If so, when?		

EDUCATION & LICENSING			
Last Grade of School Completed: ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12	Post High School ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Grad School		
Name and Location of High School	Did you graduate or obtain a GED?	YES ☐ NO ☐	Degree
List College(s), University(s), Business, Trade, Technical, and/or Vocational School(s) attended: Use back of application if additional space is needed.			
Name and Address of School	Completed	YES ☐ NO ☐	Degree
Name and Address of School	Completed	YES ☐ NO ☐	Degree
Name and Address of School	Completed	YES ☐ NO ☐	Degree
List any other courses, seminars, workshops, awards or training you have that may provide you with skills related to this position:			
List any current licenses, registrations, or certifications you possess which may be related to this position:			
Do you have a driver's license? YES ☐ NO ☐	If Yes, what type:	☐ A ☐ B ☐ C ☐ D _____Other	**Please include copies of any certificates or endorsements.**

REFERENCES	
Please list two professional references.	
Full Name	Relationship
Occupation	Phone ( )
Email Address (if applicable)	
Full Name	Relationship
Occupation	Phone ( )

EMPLOYMENT HISTORY- LIST ACCURATE, COMPLETE WORK HISTORY WITH MOST RECENT EXPERIENCE FIRST.		
Current or Previous Employer	Phone ( )	
Address	Supervisor	
Job Title		
Responsibilities		
From To	Reason for Leaving	
May we contact your supervisor for a reference? YES ☐ NO ☐	If no, explain:	

Employer		Phone ( )
Address		Supervisor
Job Title		
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐ If no, explain:		
Employer		Phone ( )
Address		Supervisor
Job Title		
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐ If no, explain:		

IF YOU REQUIRE ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET OF PAPER

MILITARY SERVICE

Did you serve in the Armed Forces? YES ☐ NO ☐	Do you wish to apply for Veterans' Points? YES ☐ NO ☐
Branch	Length of Active Duty:
Rank at Discharge	
Describe your duties and any special training:	

If you are applying for Veterans' Preference Points, you must complete the enclosed "Application for Veterans' Preference Points", and submit the application and required documentation to the Town of Fayal by the application deadline of the position for which you are applying.

UNPAID EXPERIENCE

Describe any unpaid or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).

SUMMARY:

Briefly summarize why you think you should be selected for this position:

DISCLAIMER AND SIGNATURE

I certify that my answers 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.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. With my signature below, I am providing the Town of Fayal authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment History section I have answered "No" to the question, "May we contact your supervisor for a reference?", contact with my current employer will not be made without my specific authorization. Moreover, I hereby release the Town of Fayal and any agent acting on its behalf from any and all liability by reason of requesting such information from any person or entity.

I further understand that criminal history checks may be conducted and that a conviction of a crime related to this position may result in my being rejected for this job opening. I understand that if offered a position, I may be required to submit to and pass a drug and/or alcohol screen. I may be required to submit to and pass a physical examination and a physical ability test if related to the position for which I am applying. I also understand it is my responsibility to notify the Town of Fayal in writing of any changes to information reported in this application for employment.

Signature Date

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: VETERANS' PREFERENCE POINTS CANNOT BE CONSIDERED WITHOUT SUPPORTING DOCUMENTATION. ATTACH COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE. DOCUMENTATION MUST BE RECEIVED BY THE APPLICATION DEADLINE OF THE POSTING IN ORDER TO BE CONSIDERED. (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 Town of Fayal 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 Town of Fayal.

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? ☐ 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 Town of Fayal 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 Town of Fayal by the required application deadline.**

_____ _____
Signature Date

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.

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. 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.

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, USDVA verification that veteran died on or as a result of active duty, 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 Town of Fayal. Please contact our office at 21-744-2878 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

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 information 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 Town of Fayal appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:

Gender: ☐ Male ☐ Female

With which racial/ethnic group do you identify?

☐ Black or African American

☐ Hispanic or Latino

☐ American Indian or Alaskan Native through Tribunal affiliation or community recognition

☐ Caucasian/White

☐ Asian

☐ Native Hawaiian or other Pacific Islander

☐ Two or more races

Disability status, defined as:

1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
2) Has a history of a disability (such as cancer that is in remission);
3) Is regarded as having such an impairment.

Do you claim disability status? ☐ Yes ☐ No

GENERAL INFORMATION ON THE MINNESOTA GOVERNMENT DATA PRACTICES ACT FOR APPLICANTS, EMPLOYEES, AND VOLUNTEERS.

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the Town of Fayal. First, under "Rights of Subjects of Data" (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the Town must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State of Federal law to receive the data you provide.

Second under "Personnel Data" (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran's status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered 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.
If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- You job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the Town of Fayal, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- You work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your works time for payroll purposes: except to the extent that release of time sheet data would reveal employee's reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience.
- The "complete" terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than $10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the Town's Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you is voluntary.

NOTICE REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and retained in the employee's data record.

NOTICE TO MINORS: Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the Town of Fayal, Clerk's Office, 4375 Shady Lane, Eveleth MN 55734. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act**.

NOTICE REGARDING REQUEST FOR MARRIAGE CERTIFICATE FOR VETERANS' PREFERENCE DOCUMENTATION: This information will be used for documentation purposes for verifying marital status for requesting applicable spousal Veterans' Preference credits.

DRIVER'S LICENSE CHECKS AND CRIMINAL HISTORY BACKGROUND CHECKS

The Town of Fayal conducts driver's license checks and criminal history background checks on all regular full-time employees, part-time employees and volunteer firefighters. Each applicant who successfully passes the oral interview of the recruitment selection process will be asked to complete authorization forms to authorize the Town of Fayal to conduct driving records and criminal record background checks.

For criminal history background checks, the Township will look at the type of conviction and whether it is directly related to the job for which you are applying. Applicants for positions involving the care, contact and/or supervision of children may also be required to be fingerprinted and/or complete an authorization for Child protection Worker Act (Minnesota Statutes 299C.61). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault or any assault 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 include the right to show evidence of rehabilitation.

Town of Fayal

ADDENDUM TO EMPLOYMENT APPLICATION
Position: Skating Rink Attendant

Completion of this addendum is required as part of the Town's employment process in order to more accurately evaluate your qualifications for this position. Do not list "See Resume" or "See Application" as a response to the following questions. Use additional sheets as necessary.

A. Do you have experience performing manual labor tasks including snow removal or flooding rinks?

_____ Yes _____ No

If yes please list your experience and please be specific

B. List any experience working with the public and/or children on a face-to-face basis. Please be specific.

_____
_____
_____
_____

C. Are you physically able to perform the duties of the position, such as walking, bending, stooping and lifting? _____ Yes _____ No

D. This position requires you to work outside, sometimes working in near zero degree weather. Do these working conditions pose any concern for you? _____Yes _____ No

E. Are you willing to work a flexible schedule? _____ Yes _____ No

F. Are you 18 years of age of older? _____ Yes_____ No

G. Are you under the age of 22? _____ Yes _____ No

H. Are you a full-time student? _____ Yes _____ No

If yes, where _____

I. List any dates you are not able to work during the season, such as vacation or other scheduling conflicts. This will not eliminate you from consideration for the position, it is merely for planning purposes.

_____
_____
_____