

0 N. Pokegama Ave Rapids, MN 55744 (218)326-7600 (218)326-7608 Fax www.cityofgrandrapidsmn.com

Employment Application

An Equal Opportunity Employer

Please complete by printing in ink or typing. Application must be signed for employment consideration.

We welcome you as an applicant for employment with the City of Grand Rapids. It is the City's policy to provide equal opportunity in employment. The City 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 on the application form, so we may accurately and completely assess your qualifications. You may attach any other information that 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 information, and more.

The City of Grand Rapids 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 City Administration at 218-326-7600.

PERSONAL INFORMATION

NAME Last	First	Middle	POSITION APPLIED FOR:		
martinetto	Paul	Richard	Building inspector	c .	
MAILING ADDRESS			TODAY'S DATE:	DATE AVAILABL	E TO WORK:
OUT	CAPEL A PERSON	2710	9/26/22		
Grand Rapis	MW	55744	STATUS DESIRED: Full-time Part-time	Seasonal	
HOME PHONE	OTHE	R PHONE	EMAIL ADDRESS:		
Are you a U.S. citizen or do Authorization to work in the	U.S.? -	ES NO	Do you have a valid driver's license? (For driving positions only)	YES	NO D
Proof of age and/or eligit work may be requested. Will your continued employer employer sponsorship?			Are you under 18 years of age?		

EDUCATIONAL INFORMATION

School Name, City and State		Major Area of Study		
High School: Good Rogar) High saw	AND			
Com	GED YES NO			
College: This contract of	Degree Completed:			
	Semester/Credit hours carned			
Graduate School:	Degree Completed:			
	YES Associates Bachelors Masters Other	T		
	NO # of years completed Semester/Credit hours carned			
Technical or Vocational Programs:	(indicate type of certificate carned)			
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List any other courses, seminars, works	iops, or training you have that may provide you with skills related to	this position:		
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Building	Workshops / god state fores			
List any current licenses or certificates y	on possess which may be related to this position:			
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EMPLOYMENT EXPERIENCE

CURRENT EMPLOYMENT INFORMATION			
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ADDRESS 400 po Policyones Ave	april 2219	Corner	NAME OF LAST SUPERVISOR:
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UNPAID EXPERIENCE

Describe any unpaid or volunteer experience relevant to the position for which you are applying (you may include, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).
Ceaching. Dealing with Schedules, flood; it tive remajorant to bearing to broadle Distances Set miles people at use ages. Being a leader & year role model
MILITARY EXPERIENCE
Did you serve in the U.S. Armed Forces?
Do you wish to apply for Veteran's Preference points: Yes No If you answered "yes," you must complete the enclosed application for Veterans' Preference Points, and submit the application are required documentation to the City of Grand Rapids by the application deadline of the position for which you are applying.
AUTHORIZATION
PLEASE READ CAREFULLY BEFORE SIGNING
I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.
I understand that submission of an application does not guarantee employment. I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the City of Grand Rapids is "at will," and that employment may be terminated by either the City of Grand Rapids or me at any time, with or without notice. I understand that none of the documents, policies, procedures, actions, statements of the City of Grand Rapids or its representatives used during the employment process is deemed a contract of employment, real or implied. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Grand Rapids. In consideration for employment, if employed, I agree to conform to the rules, regulations, policies, and procedures of the City of Grand Rapids at all times and understand that such obedience is a condition of employment.
I understand that if offered a position with the City of Grand Rapids, I may be required to submit to a pre-employment medical and psychological examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already offered.
With my signature below, I am providing the City of Grand Rapids 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 Experience section I have answered "No" to the question, "May we contact your current employer?," contact with my current employer will not be made without my specific authorization.
I have read the included Applicant Data Practices Advisory, and I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of Grand Rapids in writing of any changes to information reported in this application for employment.
All with 9

Name and number of person completing this form if other than applicant:

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd 2)

Private Data	Why We Ask For It	Are You Legally Obliged	What May Happen If
NONTON NO OFFICE AND WASHINGTON TO SERVICE AND A SERVICE A		To Provide It?	You Don't Provide It
Name	To distinguish you from all other applicants	Yes	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice

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 City of Grand Rapids appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.
Position(s) for which you are applying: Building Inspected
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

VETERANS' PREFERENCE

Complete this form ONLY if you are claiming Veterans' Preference

NOTE: VETERAN'S PREFERENCE POINTS CANNOT BE CONSIDERED WITHOUT SUPPORTING DOCUMENTATION, ATTACH COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICES.

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 City of Grand Rapids 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 carned 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, any 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 City of Grand Rapids.

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)	(Last) (First) (MI)		I)	Position for which you applied:	
				Closing Date:	
Address: (Street)	(City)	(State)	(Zip)	Phone Number:	Are you a US Citizen or Resident Alien?
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	ACHINI ASSAULE		nentation v	erifying service, must be No	submitted to receive points)
10% or more must be su Percent of D	DD214, or other decibilities to receive isability:	points) %		vice, and USDVA letter	of disability rating decision of

("Member Copy 4" of DD214 or DD215, or spouse's death certificate and proof veteran of	other documentation verifying service, photocopy of marriage certificate, died on or as a result of active duty must be submitted to receive points. You
are ineligible to receive points if you have re Date of Death:	emarried or were divorced from the veteran.) Have you remarried?
rating decision of 10% or more must be subm How does Veteran's disability pro	or other documentation verifying service, and USDVAQ letter of disability
	your interest in employment with the City of Grand Rapids. Please contact our a have questions regarding veteran's preference.
information give is true, complete and cor	reference points for this examination and swear/affirm that the rect to the best of my knowledge. I hereby acknowledge that I am is' Preference verification documents and submit them to the City of
Signature	Date