May 28, 2025

Chery Pierzina Human Resource Officer City of Grand Rapids

Dear Chery.

I am writing to express my interest in the Zoning Administrator position with the City of Grand Rapids. Since the start of my employment with the city in 2008, I have held progressively responsible roles at the Grand Rapids Area Library and Grand Rapids Fire Department. I believe the skills and abilities I have gained in these roles are transferable to this Community Development position.

As the current Director of Library Services, I strive to cultivate a vibrant future for the community by working collaboratively with others, including city departments and local stakeholders. My role at GRAL involves frontline customer service, acting as the primary contact regarding library matters. I am also responsible for compiling and preparing data and documents for public meetings and community presentations.

My commitment to community service is further demonstrated by my nine years as a firefighter and recent promotion to Safety Officer. As an active member of GRFD, I work with a dynamic team to manage complex emergency situations. This form of challenging community service has enabled me to hone my leadership and team-working abilities among a diverse group of coworkers.

In addition to my growth within the library and fire department, I recently completed a stimulating and rigorous MPA program through Hamline University. This opportunity has prepared me with the tools for learning about complex regulations and policies impacting zoning and community development.

I am excited about the potential to serve in the Community Development Department and contribute to the future of Grand Rapids. Thank you for you consideration.

Sincerely,

Will Richter



420 N. Pokegama Ave Grand Rapids, MN 55744 (218)326-7606 (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.

Thank you for considering employment with the City of Grand Rapids. We welcome you as an applicant and look forward to reviewing your application information. 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 Human Resources at 218-326-7606.

### PERSONAL INFORMATION

NAME Last	First	Middl	POSITION APPLIED FOR:	
Richter	William	L.	Zoning Administrator	
MAILING ADDRESS			TODAY'S DATE:	DATE AVAILABLE TO WORK:
			05/28/25	
CITY	STATE	ZIP	STATUS DESIRED:	
			Full-time Part-time	Seasonal
HOME PHONE	Ī	OTHER PHONE	EMAIL ADDRESS:	
Are you a U.S. citizen of Authorization to work in Proof of age and/or e work may be request Will your continued emp employer sponsorship?	the U.S.? eligibility to ted.		Do you have a valid driver's license (For driving positions only)  Are you <u>under</u> 18 years of age?	YES NO

## **EDUCATIONAL INFORMATION**

School Name, City and State		Major Area of Study		
High School:		the state of the s		
	Diploma YES NO			
White Bear Lake Area	GED YES NO			
College:	Degree Completed:			
	YES Associates Bachelors Masters Other	BS - Social Studies /		
UW - River Falls	NO # of years completed	Education		
Graduate School:	Degree Completed:			
Hamline University	✓ YES Associates Bachelors ✓ Masters Other	Public Administration		
Trainine Shiversity	NO # of years completedSemester/Credit hours earned			
Technical or Vocational Programs:	(indicate type of certificate earned)			
Mesabi Range (MN North)	NFPA 1001	Firefighter I&II		
List any current licenses or certificates you possess which may be related to this position:				
List any current registration(s) or me	mbership(s) related to the position for which you are applying:			

## EMPLOYMENT EXPERIENCE

CURRENT EMPLOYMENT INFORMATION				
EMPLOYER	DATES EMPLOYED		JOB TITLE: Library Director	
City of Grand Rapids	FROM	ТО	Library Director	
ADDRESS			NAME OF LAST SUPERVISOR:	
420 N. Pokegama Ave	02/19	05/25	Tom Pagel	
CITY, STATE, ZIP	DESCRIBE YOUR WORK IN THIS JOB:			
Grand Rapids, MN 55744	Performs complex professional and difficult administrative work			
TELEPHONE Area Code + Number	serving as head of the library, supervising and directing			
(218) 326-7600	responsibility for all library functions within the framework of the			
May we contact this employer? ✓ Yes No	library's objectives, policies and budget, and related work as apparent or assigned. Work involves setting policies and goals under the direction of the Library Board of Directors. Departmental supervision is exercised over all personnel within the department.			
Full-time Part-time Other				
REASON FOR LEAVING:				
Current				
PREVIOUS EMPLOYMENT INFORMATION List all positions held including full-time, part-time, military, sur Attach additional sheet if necessary.  EMPLOYER		ork and any period	JOB TITLE:	
City of Grand Rapids	FROM	ТО	Safety Officer	
ADDRESS	01/25	05/25	NAME OF LAST SUPERVISOR:	
420 N. Pokegama Ave CITY, STATE, ZIP		OUR WORK IN	Travis Cole	
Grand Rapids, MN 55744				
TELEPHONE Area Code + Number	Performs difficult technical and advanced human support work supervising and performing fire suppression, emergency aid,			
(218) 326-7600			nd fire prevention duties, and related work	
May we contact this employer?  Yes  No	as apparent or assigned. Work is performed under the general			
Full-time Part-time Other	direction o	f the Fire Chi	ief.	
REASON FOR LEAVING: Current				
EMPLOYER	DATES EMPLOYED		JOB TITLE:	
City of Grand Rapids	FROM	ТО	Reference Librarian	
ADDRESS			NAME OF LAST SUPERVISOR:	
420 N. Pokegama Ave	07/08	02/19	Marcia Anderson	
CITY, STATE, ZIP	DESCRIBE '	YOUR WORK IN	THIS JOB:	
Grand Rapids, MN 55744			professional and administrative work	
TELEPHONE Area Code + Number			rvice,technology assistance, passport	
(218) 326-7600	acceptance, and related work as apparent or assigned. Work is performed under the general direction of the Director of Library Services.			
May we contact this employer?  Yes No				
Full-time Part-time Other				
REASON FOR LEAVING:				
Promoted to Library Director				

PREVIOUS EMPLOYMENT INFORMATION CONTINUES List all positions held including full-time, part-time, military, sum Attach additional sheet if necessary.		ork and any period	ds of unemployment. Explain any period of unemployment.	
EMPLOYER	DATES EMPLOYED		JOB TITLE:	
City of Grand Rapids	FROM TO		Firefighter	
ADDRESS 420 N. Pokegama Ave	06/14	12/24	NAME OF LAST SUPERVISOR: Travis Cole	
CITY, STATE, ZIP	DESCRIBE Y	OUR WORK IN		
Grand Rapids, MN 55744	Performs i	ntermediate	protective service work in fire suppression,	
TELEPHONE Area Code + Number			ergency aid, hazardous materials and fire dwork as apparent or assigned. Work is	
May we contact this employer?  Yes No	performed	under the go	eneral direction of the Fire Chief, 1st	
Full-time Part-time Other	Assistant	-ire Chief an	nd 2nd Assistant Fire Chief.	
REASON FOR LEAVING:				
Promoted to Safety Officer				
EMPLOYER	DATES	EMPLOYED	JOB TITLE:	
	FROM	TO		
ADDRESS			NAME OF LAST SUPERVISOR:	
CITY, STATE, ZIP	DESCRIBE	YOUR WORK IN	N THIS JOB:	
TELEPHONE Area Code + Number				
May we contact this employer? Yes No				
Full-time Part-time Other				
REASON FOR LEAVING:				
EMPLOYER	DATES	EMPLOYED	JOB TITLE:	
200 4 200	FROM	TO	-	
ADDRESS			NAME OF LAST SUPERVISOR:	
CITY, STATE, ZIP	DESCRIBE	YOUR WORK II	N THIS JOB:	
TELEPHONE Area Code + Number				
May we contact this employer?  Yes No				
Full-time Part-time Other				
REASON FOR LEAVING:				

#### **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).

Treasurer, Grand Rapids Fire Relief Association - I was a key part of a multi-year effort to transition firefighter retirement funds to the State of Minnesota. This created a win-win situation for the city and firefighters.

#### MILITARY EXPERIENCE

	Describe your duties:
Ī	
	If you answered "yes," you must complete the enclosed application for Veterans' Preference Points, and submit the application and
	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.

Mut Tend	52B/52
Signature	Date
Name and number of payeon completing this form if other	than applicant:

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