



Application for Employment with Prairie Lakes Municipal Solid Waste Authority an equal opportunity employer

Prairie Lakes Municipal Solid Waste Authority
c/o: PERHAM RESOURCE RECOVERY FACILITY
201 6TH AVE NE, PERHAM MN 56573
PHONE 218-346-4404 EXT 0 FAX 218-346-4434

Equal Employment Opportunity Policy: It is the policy and practice of Prairie Lakes Municipal Solid Waste Authority to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation or age.

Data Privacy Notice: In accordance with the Minnesota Government Data Practices Act, Prairie Lakes Municipal Solid Waste Authority is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The information requested on this application is intended to be used by Prairie Lakes Municipal Solid Waste Authority in determining suitability for employment for the position which you are currently seeking or may seek in the future. Information which is classified as private data under the Minnesota Government Data Practices Act will not be released outside Prairie Lakes Municipal Solid Waste Authority without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

Notice to Applicants: Complete all applicable areas of the employment application form. Do not mark the form "see resume". Although you are not legally required to provide any of the information on this form, failure to provide complete, accurate information may reduce your opportunity for employment with Prairie Lakes Municipal Solid Waste Authority. Employment application forms must be signed and received by the posted deadline to receive consideration.

PERSONAL INFORMATION

Full Name (First, Middle, Last)	Alias/Former/Maiden Name(s)	
Street Address	City, State, Zip Code	
Home Phone	Alternate Phone	Email Address
Are you either a United States citizen or legally eligible to hold employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously worked for Prairie Lakes Municipal Solid Waste Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate position held:	
Have you ever served in the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to claim Veterans Preference Points? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete the Claim for Veterans Preference (attached) and submit supporting documentation.	
Do you have any special needs which may necessitate accommodation in the application/interview process? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the type of accommodation requested:		

POSITION INFORMATION

Position Applying For	Date Available to Start Work
Specify hours you are available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	If you did not mark full-time hours, specify the days and hours you are available to work:

How did you learn of this job?

WORK & VOLUNTEER EXPERIENCE

List all work experience and relevant volunteer experience, starting with the most recent. Attach additional sheets if necessary to include your entire employment history.

Employer/Organization Name	Job Title
Address	Name and Title of Supervisor
Telephone	Dates Employed (mm/yyyy – mm/yyyy)
Primary Duties and Responsibilities	Reason for Leaving

Employer/Organization Name	Job Title
Address	Name and Title of Supervisor
Telephone	Dates Employed (mm/yyyy – mm/yyyy)
Primary Duties and Responsibilities	Reason for Leaving

Employer/Organization Name	Job Title
Address	Name and Title of Supervisor
Telephone	Dates Employed (mm/yyyy – mm/yyyy)
Primary Duties and Responsibilities	Reason for Leaving

Employer/Organization Name	Job Title
Address	Name and Title of Supervisor
Telephone	Dates Employed (mm/yyyy – mm/yyyy)
Primary Duties and Responsibilities	Reason for Leaving

Employer/Organization Name	Job Title
Address	Name and Title of Supervisor
Telephone	Dates Employed (mm/yyyy – mm/yyyy)
Primary Duties and Responsibilities	Reason for Leaving

EDUCATION

You may be asked to provide official copies of your degree/diploma to be considered for employment with Prairie Lakes Municipal Solid Waste Authority. Attach additional sheets if necessary to include your entire educational history.

School	School Name	City & State of School	Course of Study	Dates of Attendance (mm/yy)	Did you receive a diploma or degree?
High School				Do not list dates of attendance for high school	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
College/ University					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
Technical/ Vocational					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
Graduate					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress

COMPUTER SKILLS

Indicate level of experience and/or knowledge.

B= Basic Knowledge/Experience

W= Working Knowledge/Experience

E= Expert Knowledge/Experience

Microsoft Word:	Microsoft Excel:	Microsoft Access:	Microsoft PowerPoint:
AS400:	Internet:	Other:	

LICENSURES/CERTIFICATIONS/REGISTRATIONS

Include driver's license, if required for position you are applying for. All applicable licenses, certifications and registrations must be received by the Administration office prior to employment commencing. If hired, you are responsible for ensuring that all applicable licenses remain current.

Type	No.	Issued By	Exp. Date

PROFESSIONAL REFERENCES

These should be people able to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Do not include relatives. The Prairie Lakes Municipal Solid Waste Authority reserves the right to contact all prior employers, educational institutions or organizations where you have volunteered in addition to references listed below.

Name	How does this reference know the applicant?	Address	Phone Number

CRIMINAL BACKGROUND INFORMATION

The Prairie Lakes Municipal Solid Waste Authority will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions, criminal background information will be requested during the application stage. Further, the Prairie Lakes Municipal Solid Waste Authority may conduct a criminal background investigation on individuals upon making a contingent job offer. Refer to the job posting for this position to determine if such an investigation will be conducted. If the job posting states that a criminal background investigation will be conducted, no offer of employment shall become final until receipt of the results of the investigation, the content of which is acceptable to the Prairie Lakes Municipal Solid Waste Authority, and formal approval by the appointing authority.

PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff? ☐ Yes ☐ No

If yes, identify the employer and describe the circumstances:

How many days were you inexcusably absent from work during the preceding three (3) years for reasons other than illness or injury of you or your immediate family?

PERSONAL STATEMENT

Indicate why you are interested in the position and, if selected, what you hope to accomplish.

CERTIFICATION, ACKNOWLEDGMENT AND RELEASE

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by Prairie Lakes Municipal Solid Waste Authority.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Prairie Lakes Municipal Solid Waste Authority Board or the appointing authority referenced in the job description, and that until such approval, the Prairie Lakes Municipal Solid Waste A shall not be liable for reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all current and former employers, organizations where I have volunteered (volunteer organizations) and references named in this application, or any agent of such a former employer or organization, to release to the Prairie Lakes Municipal Solid Waste Authority and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the Prairie Lakes Municipal Solid Waste Authority will use this information to determine my fitness/qualifications for the position I am seeking.

I hereby release The Prairie Lakes Municipal Solid Waste Authority and all current and former employers, organizations and references listed herein and any and all agents acting on behalf of said Prairie Lakes Municipal Solid Waste Authority, former employers, organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Signature of Applicant _____

Date _____

Prairie Lakes Municipal Solid Waste Authority

Claim for Veterans Preference

Preference is awarded to qualified veterans and spouses of deceased or disabled veterans per Minnesota Statute 197.455. The definition of a qualified veteran is:

A citizen or resident alien of the United States who has 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 who has active military service certified by the United States Secretary of Defense and discharged under honorable conditions.

If you meet the eligibility requirements described above and wish to claim Veterans Preference, complete this form and attach a copy of the form DD214. If you wish to claim additional points as a disabled veteran, you must include the form FL-802 or equivalent letter from the Service Retirement Board. You must provide a copy of the DD214 and supporting documentation within seven calendar days of the posted application deadline date to receive preference. The information provided will be used to determine your eligibility for Veterans Preference. You are not required to supply this information; however, we cannot award Veterans Preference without it.

Full Name of Veteran		Position Closing Date
Position Applying For		Name of Applicant (if different than Veteran)
Preference Requested:	<input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran
Are you a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the percent of disability? %		
Are you the spouse of a deceased veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the date of spouse's death? Have you remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach DD214, death certificate and marriage certificate (if remarried).		
Are you the spouse of a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the percent of spouse's disability? %		

I hereby claim Veterans Preference for this recruitment opportunity and affirm that the information given on this document is true and accurate. I also authorize the release of necessary information by the Veterans Administration to Prairie Lakes Municipal Solid Waste Authority.

Signature of Applicant _____

Date _____

For administrative purposes only.

Date entered:
By:

Prairie Lakes Municipal Solid Waste Authority

Equal Employment Opportunity Data

Prairie Lakes Municipal Solid Waste Authority is an equal opportunity employer. We are committed to the policy of equal employment opportunity in recruitment, hiring, career advancement and all other personnel practices. Although providing this information is voluntary, it is important that all applicants answer these questions in order to help us comply with Federal and State equal employment opportunity record keeping, reporting, and other legal requirements. The information will be used to test validation research and reporting on Equal Employment Opportunity only. This sheet will be separated from your application by individuals other than those who make employment decisions and the requested information will be kept in a confidential file separate from the attached application for employment.

Position applying for _____

Department _____

Date _____

Race/Ethnic Group:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |

Gender:

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Age:

- | | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 40-65 |
| <input type="checkbox"/> 18-39 | <input type="checkbox"/> Over 65 |

Disabled is defined as:

1. Having a physical or mental impairment which substantially limits one or more life activities;
2. Having a record of such impairment; or
3. Being regarded as having such impairment.

Disabled:

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Veteran:

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

For administrative purposes only.

Date entered:

By: