

City of Byron

680 Byron Main Court NE
Byron, MN 55920
(507) 775-3400 - Fax (507) 775-3401
www.byronmn.com

The City of Byron welcomes you as an applicant. As an equal opportunity employer, the City of Byron considers applicants for all positions without regard to race, color, creed, age, religion, national origin, gender, disability, status with regard to public assistance, sexual orientation, marital or veteran status or any other legally protected status.

Application Guidelines

To ensure that your application will be accurately processed:

- Complete a separate application for each position you are applying for.
- Make sure the application is completed in its entirety. Incomplete applications may lose credit or be removed from further consideration. **Resumes will not be accepted in lieu of a completed application.**
- Your application and all attachments become the property of the City of Byron and will not be returned.

General Information

Position Applying For:

Name: _____
(Last) (First) (Complete Middle)

Address: _____ City _____ State _____ Zip _____

Phone Number(s) - day/evening: _____

Email Address: _____

Date Available to Start: _____ Are you over 18? YES NO

Are you United States Citizen OR, if not, do you have permission to work in this county? YES NO

Education

High School: _____
Name & Address Degree/Diploma/Certificate

College: _____
Name & Address Degree/Diploma/Certificate

Other Licenses (Lifeguards, W.S.I.'s please complete the Application Supplement)

Please list any other licenses, registrations, certificates, or professional memberships that are required or pertinent to the position for which you are applying. If this licensing, etc. is required for the position, and you fail to include a photocopy of it with your application form, your name will be removed from further consideration for the position.

License or Certificate	Licensing Agency	Expiration Date	License Number

Work/Volunteer History

Present or Last Employer _____

Address: _____ City _____ State _____ Zip _____

Supervisor Name & Title _____ Phone _____

May we contact? YES NO Dates of Employment _____

Hours Works/Week _____ Job Title _____ Last Wage _____

Reason for Leaving _____

Specific Duties _____

Previous Employer _____

Address: _____ City _____ State _____ Zip _____

Supervisor Name & Title _____ Phone _____

May we contact? YES NO Dates of Employment _____

Hours Works/Week _____ Job Title _____ Last Wage _____

Reason for Leaving _____

Specific Duties _____

Previous Employer _____

Address: _____ City _____ State _____ Zip _____

Supervisor Name & Title _____ Phone _____

May we contact? YES NO Dates of Employment _____

Hours Works/Week _____ Job Title _____ Last Wage _____

Reason for Leaving _____

Specific Duties _____

References - From a work/volunteer environment.

Name _____
Address _____
Daytime Phone _____
Occupation _____

Name _____
Address _____
Daytime Phone _____
Occupation _____

Name _____
Address _____
Daytime Phone _____
Occupation _____

Accommodations

Do you have any physical or health limitations that would require special or reasonable accommodations by the City: YES NO If yes, please describe the nature of the accommodations: _____

Veterans Preference

You are not required to supply this information, but we cannot award veteran points without it.

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points you must:

1. Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty of 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above); or be the spouse of a disabled veteran who, because of the disability, is not able to qualify; AND
2. NOT be currently receiving or eligible to receive monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points.

YOU MUST SUPPLY A COPY OF YOUR DD214. Disabled veterans must supply Form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the veteran's DD214 and FL-802 or death certificate.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS? YES NO

Supporting documentation: _____ is attached _____ will be submitted within 7 days.

Veteran: _____ Self _____ spouse, if spouse, veteran's name: _____

Branch of service: _____ Period of Active Duty From _____ to _____

Rank at Discharge: _____ Type of Discharge _____

Date of Final Discharge _____ Service No.: _____

Are you receiving or eligible for a military pension? YES NO

Do you have a compensable service-related disability? YES NO

Tennessee Warning

In accordance with the Minnesota Government Data Practices Act, the City of Byron is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment at the City of Byron. All data collected is considered private except for the following:

- | | | |
|--------------------------|------------------------------|--------------------------------------|
| 1. Your Veteran's status | 2. Relevant test scores | 3. Your rank on our eligibility list |
| 4. Your job history | 5. Your education & training | 6. Your work availability |

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of the City of Byron. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, to appropriate City employees, and others as provided by State and Federal law who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

Except for race, sex, age and disability data, the information you give us about yourself is needed to identify you and to assist the City of Byron in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City to monitor protected class employment and to meet Federal, State and local reporting requirements.

Applicant Certification

1. I certify that answers given herein are true and complete to the best of my knowledge.
2. I authorize investigation of any and all information which may concern my current and previous employment record, including results of State or Federally mandated drug and/or alcohol tests. I hereby release my present and former employers to release job related information to the City of Byron, or its agent on its behalf. However, I understand that if, in the Employment Experience section, I have answered "No" to the question "May we contact this employer?" Contact with the employer will not be made without my specific authorization.
3. I understand that this application is not intended to be a contract of employment.
4. I understand the above statement "Tennessee Warning" regarding the Minnesota Government Data Practices Act (MN Statutes 13.04 and 13.43).
5. I certify that I am fully aware of the essential functions of the position for which I am applying and am capable of carrying them out with or without reasonable accommodations.
6. I understand that providing false information on this application may result in dismissal from any position gained on the basis of that false information.
7. I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the City Council and that until such approval that the City shall not be liable for any reliance on any oral or written offers of employment made to me.

Applicant Signature: _____ Date _____

City of Byron
Request for Background Screening Information
(Optional)

Background screening may include (but not limited to): Civil and criminal record check, driver's license check, outstanding warrants

Requested Information (please print)

Applicant's full legal

Name _____

Address: _____ City _____ State _____ Zip _____

Driver's License, State ID or Military ID number _____

Phone _____

Other Legal Name _____

Prior Address (past 5 years) _____

Release Information to:

I, the undersigned do hereby authorize the City of Byron to conduct a background screening as permitted by law.

Applicant Signature

Date

Parent if applicant is under 18

Date

City of Byron

Summer Swimming Program - Application Supplement

Name: _____

Phone: _____

Position Desired: _____ Lifeguard _____ Instructor _____ Front Desk _____ Manager

Are you over 16? _____ Are you over 18? _____

What would be the least number of hours you would work? _____

What would be the maximum number of hours you would work? _____

When could you begin working? _____ When would you need to end working? _____

Please explain any vacation, camp or trip that will result in an absence of work this summer. Estimate the dates that are involved:

Lifeguard/WSI Applicants:

List the expiration date, type of certificate (Red Cross, American Heart, Lifeguard Training, Basic Lifeguarding, YMCA, etc) location of training and name of instructor for the following required certificates.

Expiration Date	Type	Location	Instructor
First Aid _____			
C.P.R. _____			
Lifeguard _____			
W.S.I. Cert. _____			

PLEASE ATTACH A COPY OF YOUR CERTIFICATES!!!