

**CITY OF INTERNATIONAL FALLS
IS ACCEPTING APPLICATIONS FOR
SUMMER PART-TIME EMPLOYEES**

1. Applicants must be at least 17 years of age.
2. Preferences to:
 - High school graduates
 - Attendee on a full-time basis at an accredited college, community college, technical college or university in an undergraduate program
 - Returning experienced summer employees
3. Full-Time Student Exclusion Certificate must be signed and returned before being considered for employment.
4. Applicants must comply with residency requirements of City Code Section 2-52.
5. Appropriate footwear required: leather boot with minimum 6" upper.
6. Applications can be picked up at the City Administrators office located at 600 Fourth Street and returned no later than Wednesday, April 10, 2019.

PUBLISH: Saturday, March 9, 2019
Wednesday, March 13, 2019

Sec. 2-52. - Residency requirements for certain city employees where job-related necessity.

Due to the particular duties, responsibilities, and liabilities of certain jobs of employees specific reasonable residency requirements are hereby established:

All street, water, and sewer department personnel, the city attorney, and all members of the police department shall reside within a 15-minute response area of their respective work headquarters in the City of International Falls, Minnesota. All firefighters and ambulance attendants shall reside within a eight-minute response area.

- a. *Response area:* Is that amount of time that it takes for the employee's or appointee's supervisor to travel in accordance with the speed limit and traffic laws from the residence to the work headquarters.
- b. *Work headquarters:* Is the place where each employee or appointee normally appears for work at the beginning of each work day, or the fire station in the municipal building for firefighters and ambulance attendants.

(Ord. No. 4, 5th series, § 2, 7-7-08; Ord. No. 19, 5th series, §§ 2, 3, 12-10-16)

FULL-TIME STUDENT EXCLUSION CERTIFICATION
Public Employees Retirement Association
 60 Empire Dr., Ste. 200; St. Paul, MN 55103-2088
 Employer Response Line 651-296-3636 or 1-888-892-7372



INSTRUCTIONS: Use this form to confirm exclusion from membership in PERA of an employee who is a full-time student and under the age of 23. Any refund payable based on this status will be delayed until receipt of this completed form. Part A is to be completed by the student/employee. Part B should be completed by the accredited school in which the student is enrolled full-time, and Part C is to be completed by the employer. Signatures are required in both Parts B and C for this form to be valid.

IMPORTANT FACTS ABOUT THE DATA REQUESTED ON THIS FORM

This certification is necessary to determine exemption from membership in PERA, pursuant to Minnesota Statutes, Section 353.01, Subdivision 2b(8), which reads in part as follows:

“employees of a governmental subdivision who have not reached the age of 23 and are enrolled on a full-time basis to attend or are attending classes on a full-time basis at an accredited school, college, or university in an undergraduate, graduate, or professional-technical program, or a public or charter high school”

The data collected through this form will be used for identification purposes and, if applicable, will assist in processing a refund of PERA contributions. The student's Social Security number, mailing address, name of school, and enrollment dates are classified as PRIVATE and are available only to this person, to the staff who must use it to conduct PERA business, and to entities authorized access by law. No private data on this person will be shared with any unauthorized person(s) without informed written consent from this individual.

FOR COMPLETION BY THE EMPLOYEE/STUDENT

A	Name (PLEASE PRINT) - Last, First, Middle Initial		Last 4 Digits of SSN	PERA Member No.
	Mailing Address - Number and Street, PO Box, Rural Route, etc.			
	City	State	Zip Code	
	NOTE: It is your responsibility to inform your employer of a change in full-time school attendance while you are employed. Such notification to your employer should be as early as possible so the appropriate actions can be taken.			

FOR COMPLETION BY THE ACCREDITED SCHOOL

B	I hereby certify that the above-named is/was in full-time attendance according to this school's standards and practices for the following period:		Beginning Date	Ending Date (Actual or Anticipated)
	Name of School			
	Signature and Title of School Official			Date

FOR COMPLETION BY THE EMPLOYER

C	<input type="checkbox"/> I understand that the full-time student exclusion is allowable for only those who are a full-time student (as indicated by the accredited school section above) and under the age of 23. If the employee turns 23 while in our employment, the exclusion is no longer valid and the employee must be enrolled in PERA.		
	Name of Employer and Department (if applicable)		PERA Employer ID
	Authorized Signature and Title		Date
	NOTE: When full-time school attendance ceases the employee will be eligible for PERA membership if earnings exceed current salary requirements.		



City of International Falls

Application For Employment

We welcome you as an applicant for employment. Your application will be considered with others for the position advertised. Qualified applicants are considered without regard to age, color, creed, disability, familial status, marital status, national origin, political affiliation, public assistance status, race, religion, sex, or sexual or affectional orientation. Failure to complete this application in its entirety will result in rejection of your application.

Position

Position You Are Applying For 2019 Summer Employment	Available Start Date:	Approximate End Date:
Employment Desired <input type="checkbox"/> Street <input type="checkbox"/> Water/Sewer <input type="checkbox"/> or either Department		

Personal Information

Name _____

Address _____	City _____	State _____	Zip _____
Phone Number _____	Mobile Number _____	Email Address _____	

Are You A U.S. Citizen? Yes No

Driver's License Number: _____

Any special driver's licenses? eg. Class A Class B Other _____

Employment History

(List either your last 4 employers and/or employment within the last 10 years. Start with present or most recent employer.)

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Employer (5)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Education

School Name	Location	Years Attended	Degree Received	Major

Volunteer Experience

List job relevant volunteer work experience (if any).

Volunteer Activity	Work Performed	Number of Hrs/Month	From Month/Yr	To Month/Yr

Other Certifications/Licenses/Trades

List other certifications, licenses, trades you possess.

References

Name	Title	Company	Phone

EMPLOYMENT CERTIFICATION

READ THE FOLLOWING WAIVER CAREFULLY
BEFORE SIGNING THIS APPLICATION

1. I have read and understand the job description and this application for the position for which I am applying.
2. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information may result in rejection of my application or dismissal if I am hired.
3. I, hereby, authorize the City of International Falls to verify this information to determine whether or not I am qualified for the position for which I am applying.
4. I, hereby, authorize all current and previous employers to release job related information upon the request of the City of International Falls.
5. I, hereby, authorize the City of International Falls to conduct a Criminal History Record Information check and have access to such records for purposes of determining my eligibility for employment with the City.
6. I understand that it is my responsibility to notify the City of International Falls, in writing, of any changes to information reported on this application.
7. I understand that this position may require pre-employment physical examinations and drug/alcohol tests. I consent to take the pre-employment physical examinations and drug/alcohol tests as may be required by the City of International Falls at such times and places as the City may designate. The City pays for the costs of the examinations and tests.
8. As part of this application, I, the undersigned applicant, do hereby, expressly and voluntarily release, relinquish, and forever discharge the City of International Falls, it's agents, officers, or employees, from any and all claims, demands or causes of action, including specifically, all acts of active or passive negligence on the part of the City, it's agents, officers, or employees, it being fully understood that I do, hereby, voluntarily assume all risks of whatever nature in connection herewith.

APPLICANT SIGNATURE

DATE

CITY OF INTERNATIONAL FALLS

TITLE

EQUAL EMPLOYMENT OPPORTUNITY AFFIRMATIVE ACTION POLICY

Attention applicant: *Keep your copy of this policy, which is attached at the back of this application packet.*

This is to affirm the City of International Falls' policy of providing Equal Opportunity to all employees and applicants for employment in accordance with all applicable Equal Employment Opportunity/ Affirmative Action laws, directives and regulations of Federal, State, and Local governing bodies or agencies thereof, especially Minnesota Statutes 363.

The City of International Falls will not discriminate against or harass any employee or applicant for employment because of age, color, creed, disability, familial status, marital status, national origin, political affiliation, public assistance status, race, religion, sex, or sexual or affectional orientation.

The City of International Falls will take Affirmative Action to ensure that all employment practices are free of such discrimination. Such employment practices include, but are not limited to, the following: hiring, upgrading, demotion, transfer, recruitment or recruitment advertising, selection, layoff, disciplinary action, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

The City of International Falls will commit the time and resources reasonably necessary, both financial and human, to achieve the goals of Equal Opportunity and Affirmative Action.

The City of International Falls will evaluate the performance of its management and supervisory personnel on the basis of their involvement in achieving these Affirmative Action objectives as well as other established criteria. Any employee of this City who does not comply with the Equal Employment Opportunity policies and procedures as set forth in this statement and plan may be subject to disciplinary action.

No part of this program is to be construed as a contract between the City of International Falls and any individual employee. It does not describe in any way the terms and conditions of employment of City employees. Such terms and conditions are set forth in, and the employment relationship is governed by, applicable collective bargaining agreements, employment agreements, or the personnel code of the City.

The City of International Falls has appointed the City Administrator to manage the Equal Employment Opportunity/Affirmative Action program. The City Administrator's responsibilities will include monitoring all Equal Employment Opportunity activities and reporting the effectiveness of this Affirmative Action program, as required by Federal, State, and Local agencies. If any employee or applicant for employment believes he/she has been discriminated against, please notify the City Administrator, 600 4th Street, International Falls, MN 56649, or call (218) 283-9484.

EMPLOYMENT VERIFICATION INFORMATION

Attention applicant: ***Keep your copy of this information sheet, which is attached at the back of this application packet.***

The U.S. Government requires all employers to verify new employees' eligibility for U.S. employment and their identity. The City of International Falls must decline to hire prospective employees if they fail to present adequate proof of their eligibility and identity.

As evidence of eligibility and identity, the government requires new employees to submit originals of one document from Group A or one document from each of Groups B and C.

IF YOU ARE HIRED BY THE CITY OF INTERNATIONAL FALLS, YOU MUST SUBMIT THE REQUIRED DOCUMENT(S) BEFORE YOU CAN BEGIN EMPLOYMENT. PLEASE BE PREPARED TO PROVIDE THESE DOCUMENTS WHEN REQUESTED BY THE CITY.

GROUP A

- United States passport
- Certificate of United State Citizenship
- Certificate of Naturalization
- Unexpired foreign passport with attached unexpired Employment Authorization
- Alien Registration Card with photograph

GROUP B

- A state issued driver's license or I.D. card with photograph, or information including name, sex, date of birth, height, weight, and color of eyes.
- Military Card
- Other photo identification approved by the Attorney General

GROUP C

- Original Social Security Number Card (other than a card stating it is not valid for employment)
- A U.S. birth certificate issued by the state, county, or municipal authority bearing a seal or other certification
- Unexpired INS Employment Authorization

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 the agencies where you may be considered for employment (to comply with M. S. 13.43, Subd. 2). If you become employed by the City, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the Director of Personnel by letter.

<u>Private Data</u>	<u>Why We Ask For It</u>	<u>Are You Legally Obligated To Provide it?</u>	<u>What May Happen If You Don't Provide It?</u>
Social Security Number	To distinguish you from all other applicants	No	In most cases, nothing. However, it will help to ensure that your records are accurate.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Date of Birth (when requested on a separate form)	To conduct a check of criminal records for certain positions.	No	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.
Sex, Racial/Ethnic Group, Handicapped Status, Veterans Status (This information is requested on a separate form)	To be able to make Equal Opportunity reports as required by law.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.
Conviction Record	To determine whether we may legally accept an application from you and to determine whether your records may be a job-related consideration.	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

The City has the right to verify information provided in the application. I may be discharged if there are any misrepresentations on this application or my resume or made by me in an interview which may be discovered now or anytime in the future. False information or misrepresentation may also subject me to the penalty provisions of Minnesota State Statutes, Section 43A.39.

In connection with this application for employment, I authorize the City of International Falls and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the City of International Falls and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

YES YES, but not present employer until job is offered. NO (We may be unable to hire you without this information)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.

DATE _____

APPLICANT'S SIGNATURE _____

IMPORTANT FACTS FOR YOU TO KNOW CONCERNING YOUR APPLICATION

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of International Falls during the application process or during employment.

Any information about yourself that you provide to the City of International Falls during the application process will be used to identify you as an applicant; to distinguish you from all other applicants; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for; and to assess your qualifications for employment with the City.

If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. If you refuse to supply information requested by the City, it may mean that your application will not be considered.

You are hereby advised that, under Minnesota law, the following information about you must be made available to any member of the public who requests it:

veteran status	rank on eligibility list	education and training
relevant test scores	job history	work availability

Your name will not be made available to the public unless you are selected to be interviewed by the City.

Other information about yourself that you provide during the application process or during employment with the City is classified as private under state law, except as listed as public here or as listed in Minn. Stat. Ch. 13.01, et seq. That is, the information may not be provided to members of the public except:

- (1) persons authorized to have access to the information under state or federal law; and
- (2) persons authorized by court order to have access to the information; and
- (3) persons to whom you consent in writing to have access to the information; and
- (4) all individuals in the City who need to know information will have access.

Materials submitted in support of an application are normally not returned. You should not submit an original document if it is your only copy.

I authorize investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision. I certify that all answers to the above questions are true and understand that any false information on or omission of information from this application will be cause for rejection of this application or termination of employment without notice or benefits.

APPLICANT'S SIGNATURE:

DATE:

EMPLOYMENT VERIFICATION INFORMATION

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- Alien Registration Card with photograph

GROUP B

- A state issued driver's license or I.D. card with photograph, or information including name, sex, date of birth, height, weight, and color of eyes.
- Military Card
- Other photo identification approved by the Attorney General

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- Original Social Security Number Card (other than a card stating it is not valid for employment)
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**CITY OF INTERNATIONAL FALLS
DIRECT DEPOSIT AUTHORIZATION**

Name: _____ Employee Number: _____ Department: _____

I hereby authorize City of International Falls to initiate credit entries to the account(s) below. If necessary, debit entries will be initiated as adjustments for any credit entries in error to my account(s) listed below.

Check one of the following and complete the necessary transaction information.

- I wish to have my entire check direct deposited as indicated in Transaction #1.
- I wish to have fixed amount(s) withheld from my check and direct deposited to the financial institution(s) indicated.
The remainder of my entire check should be deposited to the financial institution indicated as my last transaction.

Transaction #1

Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____ Name, Address, and Phone Number of Financial Institution:
Account of ACH # :	_____	_____
Transit Route #:	_____	_____

Transaction #2

Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____ Name, Address, and Phone Number of Financial Institution:
Account of ACH # :	_____	_____
Transit Route #:	_____	_____

Transaction #3

Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ _____ Name, Address, and Phone Number of Financial Institution:
Account of ACH # :	_____	_____
Transit Route #:	_____	_____

This direct deposit authorization is to remain in full force until Employer has received written notification from me of its termination in such manner as to afford Employer and my financial institution(s) a reasonable opportunity to act on it.

Signature: _____ Date: _____

You must include a voided check or share draft for checking accounts with this form. A deposit slip may only be attached for savings accounts.

You must contact your credit union to obtain a proper ACH (automated clearing house) account and transit routing numbers. Credit union account and routing numbers used for direct deposit transactions may be different than those indicated on the share draft you attach.