# CITY OF INTERNATIONAL FALLS IS ACCEPTING APPLICATIONS FOR A UTILITY SUPERVISOR

This full-time, salary exempt position regularly works 40 hours / week but may vary and requires extended hours to attend meetings, complete projects and / or respond to emergency situations.

The Utility Supervisor provides supervisory, administrative and technical oversight of the water treatment plant, storm sewer system, sanitary sewer, water distribution and electrical areas of the Public Works department.

The ideal candidate will have previous experience in a similar work environment hiring, scheduling, training, coaching and evaluating staff performance as well as experience planning, budgeting and managing work projects including developing and prioritizing work assignments.

Additional qualifications required include:

- A MN driver's license.
- Any combination of education and/or experience that demonstrates possession of and competency in the requisite knowledge, skills and abilities required to satisfactorily perform job duties; Preferably local government experience in a similar sized community or larger.
- 5-years' previous experience in a similar position including supervising 5+ employees.

Other requirements of the position:

- Must be willing to attain within 2 years and maintain thereafter a Stormwater Pollution Prevention Plan Site Manager Certification and a Class SC Sewer Collection License Preferred candidates will have certification and / or licensure.
- Must be willing to attain within 5 years, showing steady progression through licensure levels, and maintain thereafter a Class B Water License – Preferred candidates will have some level of license.

A complete job description is available upon request.

The Utility Supervisor provides on-call support to respond to emergency situations. As such, the person hired must live within a 15-minute response time on the first day of employment.

The salary range is \$79,800 - \$85,000 – commensurate with qualifications and experience. This position includes a complete benefit package.

Send your completed application and a copy of your most recent resume to City of International Falls, Attn: Sherri Stensland, Human Resources / Safety Director, 600 Fourth Street, International Falls, MN 56649 or to <a href="mailto:sherris@ci.international-falls.mn.us">sherris@ci.international-falls.mn.us</a>. Questions may also be directed to Sherri Stensland (1.218.283.7984).

**APPLICATION REVIEW BEGINS DECEMBER 11, 2023.** 

POSITION OPEN UNTIL FILLED.

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City of International Falls 600 4<sup>th</sup> Street International Falls, MN 56649 T: (218) 283-9484 | F: (218) 283-3590 W: www.ci.international-falls.mn.us

# **EMPLOYMENT APPLICATION**

We welcome you as an applicant for employment with the City of International Falls. It is the City's policy to provide equal opportunity in employment. The City will not discriminate on the basis of race (including traits associated with race, such as but not limited to, hair texture and hair style), 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, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Advisory for guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The City of International Falls 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 Sherri Stensland (218) 283-7984.

| Position applying for:   |  |                 |        | Check   | □Full-time<br>□Temporary | □Part-time<br>□ Seasonal |
|--|--|-----------------|--------|---|--------------------------|--------------------------|
|  |  |                 |        |   |                          |                          |
| Personal Information   |  |                 |        |   |                          |                          |
| Name: (First / Middle / Last)  |  |                 |        |   |                          | _                        |
| Address: (Street)  |  |                 |        | Today's Date:   |                          |                          |
| (City / State / Zip Code)  |  |                 |        | Cell Phone:   |                          |                          |
| Email Address:   |  |                 |        | Alternate Pho   | ne:                      |                          |
| Are you legally eligible to work in the United Stacitizenship or work eligibility will be required as a condition of |  |                 |        | Are you 18 years or older? Or 17 years old if summer staff? |                          | □Yes □ No                |
| Are you able to perform the essential functions of the   | e job for which you                      | are being consi | dered? | •   |                          | □Yes □ No                |
| Education & Licensing  |  |                 |        |   |                          |                          |
| Name / Location of High School:  |  |                 | Did    | you graduate o  | r obtain a GED?          | □Yes □ No                |
| List post-secondary schools attended:  |  |                 |        |   |                          |                          |
| Name and Address of School   |  | (               | Course | of Study  | Completed                | Diploma /<br>Degree      |
|  |  |                 |        |   | □Yes □ No                |                          |
|  |  |                 |        |   | □Yes □ No                |                          |
|  |  |                 |        |   | □Yes □ No                |                          |
|  |  |                 |        |   | □Yes □ No                |                          |
| List any current licenses, registrations or certificates you possess, which may be related to this position:         |  |                 |        |   |                          |                          |
| Do you have a valid driver's license? □Yes □ No  | If yes, what type? required as a conditi |                 |        | may be  | ]а □в □с                 | □ D □ Other              |

| "See resume" is <u>not</u> an acceptable response. Resumes will be cons  | idered in addition to, but not in lieu of, this application. |
|--|--|
| Employer (current employer / most recent)  | Job Title  |
| Address: (Street)  | Dates Employed   |
| (City / State / Zip Code)  | Work Phone   |
|  | Work Phone   |
| Reason for Leaving (be specific)   | ☐ Full-time ☐ Part-time ☐ Other                              |
| Describe your work in this job.  | •  |
| May we contact this employer?   Yes  No  |  |
| Employer   | Job Title  |
| Address: (Street)  | Dates Employed to  |
| (City / State / Zip Code)  | Work Phone   |
| Reason for Leaving (be specific)   | ☐ Full-time ☐ Part-time ☐ Other                              |
| Describe your work in this job.  | <u>'</u>   |
| May we contact this employer?   Yes   No   |  |
| Employer   | Job Title  |
| Address: (Street)  | Dates Employed to  |
| (City / State / Zip Code)  | Work Phone   |
| Reason for Leaving (be specific)   | ☐ Full-time ☐ Part-time ☐ Other                              |
| Describe your work in this job.  | <b>'</b>   |
| May we contact this employer? ☐ Yes ☐ No   |  |
| Unpaid Experience  |  |
| Describe any unpaid or volunteer experience relevant to the position information which would reveal race, sex, age, disability or other putters. |  |
| Military Experience  |  |
|  | you wish to apply for Veteran's Preference points? ☐Yes ☐ No |
| Describe your duties in the Armed Forces:  |  |
|  |  |

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and required documentation to the City by the application deadline of the position for which you are applying.

| References (Do not include immediate family members.) |       |             |              |  |
|---|-------|-------------|--------------|--|
| Name  | Phone | Years Known | Relationship |  |
|   |       |             |              |  |
|   |       |             |              |  |
|   |       |             |              |  |
|   |       |             |              |  |
|   |       |             |              |  |

# Applicant Data Advisories (according to Minn. Statute § 13.04)

The City must advise you of the following purposes and intended use of the data. The City collects this information for purposes of selecting a candidate for hire. Your data will be used to verify your identity and assess your qualification for the position. For public safety positions or in the event you are selected for hire, your data may be used to perform a criminal background check, including using the BCA's website. Consultant, city staff and elected officials involved in the hiring process will have access to the data provided. Data may be shared upon court order or provided to the state or legislative auditor, upon request.

Filling out this application for employment and supplying data is voluntary. The more complete the application, the better your chances of conveying to the City you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

Minors submitting this application have the right to request that parental access to private data be denied. If you wish to make this request, please submit the request in writing to the Human Resources Director, 600 4<sup>th</sup> Street, International Falls, MN 56649.

# **Authorization**

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 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 International Falls is "at will," and that employment may be terminated by either the City of International Falls or me at any time, with or without notice.

With my signature below, I am providing the City of International Falls 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 Advisories, 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 International Falls in writing of any changes to information reported in this application for employment.

Applicant Signature Date

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## **VETERANS' PREFERENCE FORM**

#### COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

Veterans' Preference Points cannot be considered without supporting documentation. Attach a copy of your Veteran's DD214 (Copy 2, 4 or 6) or other documentation verifying service. Documentation must be received by the application deadline of the posting in order to be considered. (Veteran is defined by Minn. Stat. §197.447)

You must submit a PHOTOCOPY of your DD214 (Copy 2, 4 or 6) 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 obtaining documentation verifying service, contact your County Veteran's Service Office.

The City of International Falls operates under a point preference system, which awards points to qualified veterans to supplement their application. After receiving a passing score, 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 US Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned 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, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference of a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA activeduty service-connected disability rating on 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 once when applying for the first promotion after securing public employment.

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 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 current address.

| Name        | (First / Middle / Last )  | Position for Which you Applied Closing Date            |
|-------------|---|--|
| Address     | (Street)  | Phone Number   |
|             | (City / State / Zip Code)   | Are you a US Citizen or Resident Alien? □Yes □ No      |
| VETERAN (   | <b>10 points): (</b> DD214 or DD215 (Copy 2, 4 or 6) or other documenta   | ation verifying service, must be submitted to receive  |
| points) Hor | norably discharged veteran:   |  |
|             | VETERAN (15 points): (DD214, Copy 2, 4 or 6, or other document isability rating decision of 10% or more must be submitted to rece     |  |
|             | ever applied for promotion in public employment?  | · · · ·  |
|             | F DECEASED VETERAN (10 points or 15 if the veteran was disable  |  |
|             | other documentation verifying service, photocopy of marriage ce<br>nust be submitted to receive points. You are ineligible to receive |  |
|             | ate of Death: Have you remarried? \(\sigma\)Yes \(\sigma\)  | •  |
| SPOUSE OF   | F DISABLED VETERAN (15 points): (Veteran's Copy DD214 or DD2  | 215, Copy 2, 4, or 6, or other documentation verifying |

does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

service, and US VA Summary of Benefits Letter of disability rating decision of 10% or more must be submitted to receive points. How

| <u>AFFIDAVIT</u> : I hereby claim Veterans' Preference points for this examination and swea complete and correct to the best of my knowledge. I hereby acknowledge that I am re Preference verification documents and submit them to the City of International Falls k | sponsible to obtain the required Veterans' |
|--|--|
| Signature  | Date                                       |

## INFORMATION REGARDING CLAIMING VETERANS' PREFERENCE

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.447, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

#### The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
  - i. served on active duty for at least 181 consecutive days, or
  - ii. have been discharged by reason of service-connected disability, or
  - iii. have completed the minimum active-duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
  - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active-duty service.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, or other documentation verifying service, USDVA verification that veteran died, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of International Falls. Please contact our office at (218) 283-7984 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

# GENERAL INFORMATION ON THE MINNESOTA GOVERNMENT DATA PRACTICES ACT FOR APPLICANTS, EMPLOYEES AND VOLUNTEERS

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01-13.90) includes two sections affecting applicants seeking employment with the City of International Falls. First, under "Rights of Subjects of Data" (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other personas or organizations authorized by State or Federal law to receive the data you provide.

Second under "Personnel Data" (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran's status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- · Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you
  while you work for the City of International Falls, regardless
  of whether or not they have resulted in disciplinary action,
  the final disposition of any disciplinary action and supporting
  documentation:
- Your work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your works time for payroll purposes:

- except to the extent that release of time sheet data would reveal employee's reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience;
- The "complete" terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file, which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- · The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and assist in determining your suitability for the position for which you are applying. Furnishing the optional data requested about you is voluntary.

**NOTICE REGARDING SOCIAL SECURITY NUMBER:** This information will be used for payroll taxes, insurance purposes, and retained in the employee's data record.

**NOTICE TO MINORS:** Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the City of International Falls Human Resources Department at 600 4<sup>th</sup> Street, International Falls, MN 56649. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.** 

**NOTICE REGARDING REQUEST FOR MARRIAGE CERTIFICATE FOR VETERANS' PREFERENCE DOCUMENTATION:** This information will be used for documentation purposes for verifying marital status for requesting applicable spousal Veterans' Preference credits.

# **EMPLOYMENT ELIGIBILITY VERIFICATION INFORMATION**

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

You may present one document from List A or a combination of one document from List B <u>and</u> one document from List C. A list of acceptable documents is below. All documents provided must be **unexpired**.

If you are hired, you must submit the required document(s) before you begin employment. Please be prepared to provide these documents when requested.

| LIST A   |                                    | LIST B   | LIST C  |  |
|--|------------------------------------|--|---|--|
| Documents that Establish Both Identity<br>and Employment Authorization   | OR                                 | Documents that Establish Identity AND  | Documents that Establish Employment<br>Authorization  |  |
| U.S. Passport or U.S. Passport Card     Permanent Resident Card or Alien     Registration Receipt Card (Form I-551)  |                                    | Driver's license or ID card issued by a State or<br>outlying possession of the United States<br>provided it contains a photograph or<br>information such as name, date of birth,   | A Social Security Account Number card,<br>unless the card includes one of the following<br>restrictions:     (1) NOT VALID FOR EMPLOYMENT |  |
| Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa     Employment Authorization Document                |                                    | gender, height, eye color, and address  2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | (2) VALID FOR WORK ONLY WITH<br>INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH<br>DHS AUTHORIZATION                                      |  |
| that contains a photograph (Form I-766)  5. For an individual temporarily authorized   |                                    | School ID card with a photograph   | Certification of report of birth issued by the<br>Department of State (Forms DS-1350,<br>FS-545, FS-240)                                  |  |
| to work for a specific employer because<br>of his or her status or parole:   |                                    | 4. Voter's registration card   | Original or certified copy of birth certificate   |  |
| a. Foreign passport; and   |                                    | 5. U.S. Military card or draft record  | issued by a State, county, municipal<br>authority, or territory of the United States  |  |
| b. Form I-94 or Form I-94A that has<br>the following:  |                                    | 6. Military dependent's ID card  | bearing an official seal  |  |
| (1) The same name as the   |                                    | 7. U.S. Coast Guard Merchant Mariner Card  | Native American tribal document   |  |
| passport; and (2) An endorsement of the  | 8. Native American tribal document |  | U.S. Citizen ID Card (Form I-197)     G. Identification Card for Use of Resident  |  |
| individual's status or parole as<br>long as that period of   |                                    | Driver's license issued by a Canadian<br>government authority  | Citizen in the United States (Form I-179)   |  |
| endorsement has not yet<br>expired and the proposed<br>employment is not in conflict<br>with any restrictions or   |                                    | For persons under age 18 who are<br>unable to present a document<br>listed above:  | 7. Employment authorization document issued by the Department of Homeland Security  |  |
| limitations identified on the form.  |                                    | 10. School record or report card   | For examples, see Section 7 and<br>Section 13 of the M-274 on<br>uscis.gov/i-9-central.   |  |
| <ol><li>Passport from the Federated States of<br/>Micronesia (FSM) or the Republic of the</li></ol>  |                                    | 11. Clinic, doctor, or hospital record   | The Form I-766, Employment  |  |
| Marshall Islands (RMI) with Form I-94 or<br>Form I-94A indicating nonimmigrant<br>admission under the Compact of Free<br>Association Between the United States<br>and the FSM or RMI |                                    | 12. Day-care or nursery school record  | Authorization Document, is a List A, Item<br>Number 4. document, not a List C<br>document.  |  |
|  |                                    | Acceptable Receipts  |   |  |
| May be prese   |                                    | in lieu of a document listed above for a te  | emporary period.  |  |
| For receipt validity dates, see the M-274.   |                                    |  |   |  |
| <ul> <li>Receipt for a replacement of a lost,<br/>stolen, or damaged List A document.</li> </ul>   | OR                                 | Receipt for a replacement of a lost, stolen, or<br>damaged List B document.  | Receipt for a replacement of a lost, stolen, or<br>damaged List C document.   |  |
| <ul> <li>Form I-94 issued to a lawful<br/>permanent resident that contains an<br/>I-551 stamp and a photograph of the<br/>individual.</li> </ul>                                     |                                    |  |   |  |
| Form I-94 with "RE" notation or<br>refugee stamp issued to a refugee.  |                                    |  |   |  |