

# Dakota Communications Center

## APPLICATION FOR EMPLOYMENT

2860 160<sup>th</sup> Street W  
 Rosemount MN 55068  
 651-322-1900

The Dakota Communications Center (DCC) welcomes you as an applicant for employment. It is our policy to provide equal opportunity in employment. The DCC 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, 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 Practices Advisory for guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The DCC 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 DCC administration at 651/322-8660.

### Personal Information

Name (Last, First, MI):			
Address:			
Phone Number:		Alternate Phone:	
Email:			

Position Applying For:			
Date Available:		Pay Expected:	
Are you legally eligible to work in the United States in this position?	Yes	No	
Are you at least 18?	Yes	No	
Do you have a valid driver's license?	Yes	No	

### Special Skills

List any clerical skills, training, licenses or certifications that may relate to this position. Include dates of expiration for any licenses or certifications.

Clerical Skills			
Training			
Licenses/Certifications		<b>Expiration</b>	

Typing Words Per Minute	
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### Language Proficiency

Language	Speak		Read		Write	
	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No

## EMPLOYMENT HISTORY

List all jobs held, paid or volunteer, over the last 10 years beginning with your most recent position. Attach a separate sheet if needed, or to include applicable experience prior to 10 years ago. Resumes are accepted but may not be substituted for the requested information. Qualifications are evaluated based on information provided on this application.

<b>Current/Last Employer:</b>		Hours/Week	
Address:			
Start Date:		End Date:	Phone Number:
Describe work in this job:			
Reason for leaving:			
May we contact this employer:	<input type="checkbox"/>	Yes	No

<b>Previous Employer:</b>		Hours/Week	
Address:			
Start Date:		End Date:	Phone Number:
Describe work in this job:			
Reason for leaving:			
May we contact this employer:	<input type="checkbox"/>	Yes	No

<b>Previous Employer:</b>		Hours/Week	
Address:			
Start Date:		End Date:	Phone Number:
Describe work in this job:			
Reason for leaving:			
May we contact this employer:	<input type="checkbox"/>	Yes	No

Have you ever been involuntarily terminated from a place of employment?	<input type="checkbox"/>	Yes	No
If yes, state name of company:			
Reason for termination:			

## EDUCATION

Select the box below the highest grade completed

Grade/Middle School								High School					College/Technical				Graduate							
1	2	3	4	5	6	7	8	9	10	11	12	GED	13	14	15	16	MA	MS	PHD	JD				
Did you graduate?								Yes					No				Yes				No			

School Name	Course of Study	Degree
Address	(If applicable)	
High School:		
College:		
Graduate:		
Technical/Vocational:		
Other:		

## REFERENCES

Provide the following data for those persons whom we may contact for additional references.

Name	Type of Reference		Telephone
	Personal	Professional	
	Personal	Professional	
	Personal	Professional	

## READ CAREFULLY AND SIGN

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 for the position for which I am applying. I further acknowledge my understanding that employment with the Dakota Communications Center is "at will", and that employment may be terminated by either the Dakota Communications Center or me at any time, with or without notice.

With my signature below, I am providing the Dakota Communications Center 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. I understand that a background check will be conducted and includes a national, fingerprint based criminal history records check and all other requirements that may be implemented in the future. I further understand that a conviction of a crime related to this position may result in my being rejected for this job opening. Finally, I understand it is my responsibility to notify Dakota Communications Center in writing of any changes to information reported in this application for employment.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

# Veterans' Preference

Complete this form only if you are claiming Veterans' Preference

**Note: Veterans' preference points cannot be considered without supporting documentation. Attach copy of "Member copy 4" Veteran's DD214, or other documentation verifying service.**

**You must submit a PHOTOCOPY of your "Member Copy 5" of your DD214 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 in obtaining a copy of your "Member Copy 4" of your DD214, or other documentation verifying service, contact your County Veterans' Service Office.**

Dakota Communications Center operates under a point preference system, which awards points to qualified veterans to supplement their application. 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 U.S. 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 n 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, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 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 for the first promotion after securing employment with Dakota Communications Center.

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 "Member Copy 4" DD 214, or other documentation verifying service, is submitted to our office separate from this sheet, please attach a note indicating the position for which you are applying and your present address.

<b>Name (Last)</b>		<b>(First)</b>	<b>(MI)</b>	<b>Position Applied For</b>	
<b>Address (Street)</b>		<b>(City)</b>	<b>(State)</b>	<b>(Zip)</b>	<b>Phone Number</b>

<b>Are you a US Citizen or Resident Alien?</b>	<b>Yes</b>	<b>No</b>
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**VETERAN - 10 points** ("Member Copy 4" of DD214 or DD215, or other documentation verifying service must be submitted to receive points)

Are you an honorably discharged veteran? \_\_\_ Yes \_\_\_ No

**DISABLED VETERAN – 15 points** ("Member Copy 4" of DD214 or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)  
 \_\_\_\_\_% of Disability

Have you ever been promoted within Dakota Communications Center employment? \_\_\_ Yes \_\_\_ No

**SPOUSE OF DECEASED VETERAN – 10 points (15 if vet was disabled at time of death)** ("Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points You are ineligible to receive points if you have remarried or were divorced from the veteran).

Date of Death: \_\_\_\_\_ Have you remarried? \_\_\_ Yes \_\_\_ No

**SPOUSE OF DISABLED VETERAN – 15 POINTS**

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.

How 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):

**AFFIDAVIT:** I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to Dakota Communications Center by the required application deadline.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, 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. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.
- 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 on or as a result of active duty, 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 Dakota Communications Center. Please contact your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

## Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. Dakota Communications Center appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position for which you are applying:

Gender:

Male

Female

With which racial/ethnic group do you identify?

Black or African American

Hispanic or Latino

American Indian or Alaskan Native through Tribal affiliation or community recognition

Caucasian/White

Asian

Native Hawaiian or other Pacific Islander

Two or more races

Disability status, defined as:

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
- 2) Has a history of a disability (such as cancer that is in remission);
- 3) Is regarded as having such an impairment

Do you claim disability status?  Yes  No

## DATA PRACTICES ADVISORY

This Advisory is pursuant to Minnesota Statute Section 13.04, Subdivision 2.

Certain information requested during the employment application process is classified as private data under the Data Practices Act (DPA) and may be released only to you, to those at Dakota Communications Center whose jobs reasonably require access to the data, to those authorized by state or federal law to have access to the data and to those for whom you provide a written informed consent authorizing disclosure. The public data you supply is available to anyone who requests it.

Before you are certified as eligible for appointment or considered as a finalist for the position, the following information is private: name, home address, telephone number, social security number, date of birth, conviction record, sex and age group. When you are certified as eligible or considered as a finalist, your name becomes public. For this purpose, the DPA defines a finalist as an individual who is selected to be interviewed prior to selection.

Please be advised that as part of your employment application process, Dakota Communications Center may be making a check into your background. This check may involve a computerized history check through the State of Minnesota to ensure there are no felony or gross misdemeanor convictions, a check of local records through the Dakota Communications Center, a warrant check to ensure there are no warrants for arrest, and a driver's license check through the State of Minnesota to ensure that you have a valid driver's license and the status of your driving record. A criminal conviction does not automatically disqualify you from employment.

We ask for this information for the following reasons:

1. To distinguish you from all other applicants and identify you in our personnel files;
2. To enable us to verify that you are the individual who takes the exam;
3. To enable us to contact you when additional information is required, send you notices and/or schedule you for interviews;
4. To determine if you meet the minimum requirements for the position;
5. To determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for;
6. To enable us to ensure your rights to equal opportunities;
7. To meet federal reporting requirement; and
8. To make processing more efficient.

Furnishing social security number and date of birth (unless a minimum age is required) is voluntary.

If you are hired by the Dakota Communications Center, you will be legally required to supply your social security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration.

In accordance with the Data Practices Act, I have been informed of, and understand my rights as a subject of data, and give my consent to the Dakota Communications Center to do a background check.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
FULL NAME (INCLUDE MIDDLE NAME)

\_\_\_\_\_  
PRESENT ADDRESS

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
POSITION APPLYING FOR