

**TOWN OF FAYAL**  
**PUBLIC UTILITIES COORDINATOR/BILLING CLERK APPLICATION INSTRUCTIONS**

Please follow all instructions. Failure to follow instructions may preclude your application from being considered.

1. Application to be written in your own handwriting. Please print, except for your signature. Do not type.
2. Application **must** be completed in all sections. If a line in the application does not pertain to you, please write in N/A.
3. Resume is required, along with your completed application.
4. Application packages will be available at the Fayal Clerk's Office, 4375 Shady Lane, Eveleth, MN 55734, Monday-Friday, 8:00 AM to Noon, or you may contact the Clerk at 218-744-2878.
5. Applications may be mailed to the Fayal Clerk's Office, dropped off in person or emailed to [fayaltownship@mchsi.com](mailto:fayaltownship@mchsi.com). If you are emailing your application, please ask for a confirmation of delivery and read receipt before sending.
6. Applications may be faxed to the Fayal Clerk's Office at 218-744-5986. Please include a fax cover sheet stating how many pages the fax consists of so it will be known if all have been received.
7. Completed applications must be received no later than NOON, Wednesday, November 15<sup>th</sup>, 2023. No exceptions.
8. Your application and all attachments become the property of the employer and will not be returned and will be kept on file for one year. Keep a copy of your completed application for your records.

Things to expect if you are contacted for an interview:

1. Bring copies of any licenses you currently hold.
2. Drug and alcohol testing are a condition of hiring.
3. A background check is a condition of hiring.
4. A good driving record is a condition of hiring.
5. A medical physical is a condition of hiring.

This position is represented by AFSCME Local 484 AFL-CIO union. Benefits include life insurance, PERA retirement and participation in the MN State Health Care Savings Plan.

**If you are applying for Veteran's Preference Points you must supply a copy of your "Member Copy 4" of your DD214. Disabled veterans must also supply Form FL-802 or an equivalent letter from a service retirement board. A spouse of deceased veteran applying for preference points must supply their marriage certificate, the Veteran's DD214 or DD215 and a death certificate.**



**TOWN OF FAYAL**  
**Employment Application**

**4375 SHADY LANE**  
**EVELETH, MN 55734**

## Application for Employment

We welcome you as an applicant for employment with the Town of Fayal. It is the Town of Fayal’s policy to provide equal opportunity in employment. The Town of Fayal 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 Town of Fayal 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 Heidi Coldagelli at 218-744-2878 or fayaltownship@mchsi.com.

Please use ink, PRINT, and fill out this form completely. A copy of your most recent resume must be attached along with at least three professional references. All information contained on this application will be considered personal and confidential and used only in conjunction with your possible employment.

Please complete application fully, in your own handwriting, even if information is duplicated in a resume. Falsified or misleading statements on this application may be grounds for disqualifying you from being further considered for employment with the Town of Fayal.

| <b>APPLICANT INFORMATION</b>  |                     |                |                  |
|---|---------------------|----------------|------------------|
| Last Name   | First               | Middle         | Date             |
| Street Address  |                     |                | Apartment/Unit # |
| City  | State               |                | ZIP              |
| Daytime Phone   | Alternate Telephone |                |                  |
| Email Address   |                     |                |                  |
| Date Available  |                     | Desired Salary |                  |
| Position Applied for  |                     |                |                  |
| <p>Are you legally eligible to work in the United States in the position in which are applying? (Proof of citizenship or work eligibility will be required as a condition of employment)      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p style="text-align: right;">Are you at least 18 years old?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p> |                     |                |                  |

|   |                              |                             |              |
|---|------------------------------|-----------------------------|--------------|
| Have you ever worked for the Town of Fayal? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
|---|------------------------------|-----------------------------|--------------|

**EDUCATION & LICENSING**

|   |   |        |
|---|---|--------|
| Last Grade of School Completed:<br><input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | Post High School <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Grad School |        |
| Name and Location of High School  | Did you graduate or obtain a GED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | Degree |

**List College(s), University(s), Business, Trade, Technical, and/or Vocational School(s) attended: Use back of application if additional space is needed.**

|                            |  |        |
|----------------------------|--|--------|
| Name and Address of School | Completed YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Name and Address of School | Completed YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Name and Address of School | Completed YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

List any other courses, seminars, workshops, awards or training you have that may provide you with skills related to this position:

List any current licenses, registrations, or certifications you possess which may be related to this position:

|   |   |   |
|---|---|---|
| Do you have a driver's license? YES <input type="checkbox"/><br>NO <input type="checkbox"/> | If Yes, what type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D<br>_____ Other | <b>Please include copies of any certificates or endorsements.</b> |
|---|---|---|

**REFERENCES**

*Please list three professional references.*

|                               |              |
|-------------------------------|--------------|
| Full Name                     | Relationship |
| Occupation                    | Phone ( )    |
| Email Address (if applicable) |              |
| Full Name                     | Relationship |
| Occupation                    | Phone ( )    |
| Email Address (if applicable) |              |
| Full Name                     | Relationship |
| Occupation                    | Phone ( )    |
| Email Address (if applicable) |              |

**EMPLOYMENT HISTORY-** LIST ACCURATE, COMPLETE WORK HISTORY WITH MOST RECENT EXPERIENCE FIRST.

|  |                    |                              |   |
|--|--------------------|------------------------------|---|
| Current or Previous Employer                             |                    | Phone ( )                    |   |
| Address  |                    | Supervisor                   |   |
| Job Title  | Starting Salary \$ | Ending Salary \$             |   |
| Responsibilities   |                    |                              |   |
| From   | To                 | Reason for Leaving           |   |
| May we contact your supervisor for a reference?          |                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> If no, explain: |
| Employer   |                    | Phone ( )                    |   |
| Address  |                    | Supervisor                   |   |
| Job Title  | Starting Salary \$ | Ending Salary \$             |   |
| Responsibilities   |                    |                              |   |
| From   | To                 | Reason for Leaving           |   |
| May we contact your previous supervisor for a reference? |                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> If no, explain: |
| Employer   |                    | Phone ( )                    |   |
| Address  |                    | Supervisor                   |   |
| Job Title  | Starting Salary \$ | Ending Salary \$             |   |
| Responsibilities   |                    |                              |   |
| From   | To                 | Reason for Leaving           |   |
| May we contact your previous supervisor for a reference? |                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> If no, explain: |

IF YOU REQUIRE ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET OF PAPER

**MILITARY SERVICE**

|   |                        |   |  |
|---|------------------------|---|--|
| Did you serve in the Armed Forces? YES <input type="checkbox"/> NO <input type="checkbox"/> |                        | Do you wish to apply for Veterans' Points? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| Branch  | Length of Active Duty: |   |  |
| Rank at Discharge   |                        |   |  |
| Describe your duties and any special training:  |                        |   |  |

**If you are applying for Veterans' Preference Points, you must complete the enclosed "Application for Veterans' Preference Points", and submit the application and required documentation to the Town of Foyal by the application deadline of the position for which you are applying.**

**UNPAID EXPERIENCE**

Describe any unpaid or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).

**SUMMARY:**

Briefly summarize why you think you should be selected for this position:

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**DISCLAIMER AND SIGNATURE**

*I certify that my answers are true and complete to the best of my knowledge and I understand that, if employed, falsified or misleading statements on this application and addendum or made during an interview, which may be discovered now or anytime in the future, shall be grounds for dismissal. I acknowledge that this document shall not be construed as a contract or offer of employment and understand and agree that, if hired, my employment is for no definite period and may be terminated at any time.*

*I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. With my signature below, I am providing the Town of Fayal 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 History section I have answered "No" to the question, "May we contact your supervisor for a reference?", contact with my current employer will not be made without my specific authorization. Moreover, I hereby release the Town of Fayal and any agent acting on its behalf from any and all liability by reason of requesting such information from any person or entity.*

*I further understand that criminal history checks may be conducted and that a conviction of a crime related to this position may result in my being rejected for this job opening. I understand that if offered a position, I may be required to submit to and pass a drug and/or alcohol screen. I may be required to submit to and pass a physical examination and a physical ability test if related to the position for which I am applying. I also understand it is my responsibility to notify the Town of Fayal in writing of any changes to information reported in this application for employment.*

Signature

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. 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 "Member Copy 4" 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.**

The Town of Fayal 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 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, 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 the Town of Fayal.

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" DD214, or other 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 present address.

|                  |         |      |                                |  |
|------------------|---------|------|--------------------------------|--|
| Name (Last)      | (First) | (MI) | Position For Which You Applied |  |
| Address (Street) |         |      | (City)                         | (State) (Zip)  |
| Closing Date:    |         |      | Phone Number                   | Are you a US Citizen or Resident Alien?                  |
|                  |         |      |                                | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**VETERAN (10 points):**

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points)  
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)

Percent of Disability: \_\_\_\_\_%

Have you ever been promoted within the Town of Fayal employment?  Yes  No

**SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran 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 the Town of Fayal by the required application deadline.

Signature \_\_\_\_\_

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 the Town of Fayal. Please contact our office at 21-744-2878 or 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. The Town of Fayal appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) 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



# 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 Town of Fayal. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the Town 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 persons 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 Town of Fayal, regardless 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 work 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 and 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. The optional data is used in summary form by the Town’s Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. 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 Town of Fayal, Clerk's Office, 4375 Shady Lane, Eveleth MN 55734. **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.

## **DRIVER'S LICENSE CHECKS AND CRIMINAL HISTORY BACKGROUND CHECKS**

The Town of Fayal conducts driver's license checks and criminal history background checks on all regular full-time employees, part-time employees and volunteer firefighters. Each applicant who successfully passes the oral interview of the recruitment selection process will be asked to complete authorization forms to authorize the Town of Fayal to conduct driving records and criminal record background checks.

For criminal history background checks, the Town will look at the type of conviction and whether it is directly related to the job for which you are applying. Applicants for positions involving the care, contact and/or supervision of children may also be required to be fingerprinted and/or complete an authorization for Child protection Worker Act (Minnesota Statutes 299C.61). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes.

Before any applicant is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This include the right to show evidence of rehabilitation.

Name \_\_\_\_\_

# Town of Fayal

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## **ADDENDUM TO EMPLOYMENT APPLICATION** **Position: Public Utilities Coordinator/Billing Clerk**

Completion of this addendum is required as part of the Town's employment process in order to more accurately evaluate your qualifications for this position. Do not list "See Resume" or "See Application" as a response to the following questions. Use additional sheets as necessary.

A. Do you possess a Minnesota Class D Driver's license?

\_\_\_\_\_ Yes

\_\_\_\_\_ No (Please provide the classification of your current Minnesota driver's license. Class \_\_\_\_\_)

B. Do you have prior experience working in a local government setting?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

C. Do you have prior experience working in an office setting utilizing accounting software?

\_\_\_\_\_ Yes (Please provide the software utilized \_\_\_\_\_)

\_\_\_\_\_ No

D. Do you possess a Notary Public Commission?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

E. List any other previous office experience that would be relevant to this position.

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