

TO ALL LEADER IN TRAINING VOLUNTEER POSITION APPLICANTS:

Thank you for the interest you have shown in the Leader in Training position. The following information must be completed and returned as soon as possible. The deadline for materials is Friday, April 23, 2010.

- City application
- City supplemental application

Parks & Recreation Department
City of Blaine
10801 Town Square Drive
Blaine, MN 55449

Please contact Nate Monahan (763) 785-6151 with questions.

If, due to a disability, you need assistance in completing an application or if you anticipate that you will need auxiliary aids or service in the selection process, please notify Human Resources at 785-6109.
(784-6700 TTD)



APPLICATION FOR EMPLOYMENT

CITY OF BLAINE
10801 Town Square Drive NE
Blaine, MN 55449

Main: (763) 784-6700
Job Line: (763) 717-2679
Fax: (763) 717-2702
www.ci.blaine.mn.us

OFFICE USE ONLY

Interview: _____

Title of Position Applying For

Date Available for Work

Today's Date

Employment Status Desired: ___ Full-Time ___ Part-Time ___ Seasonal ___ Temporary

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

County

Email Address

Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Are you a United States Citizen or legally eligible to work in the U.S.?
___ Yes ___ No (If hired, you will be required to provide documentation
that you are eligible to work in the U.S.)

Are you under 18? ___ Yes ___ No If Yes, list birth date: ____/____/____

Are you willing to work over time? ___ Yes ___ No

Have you been previously employed by the City of Blaine? ___ Yes ___ No If yes, list date(s) and position(s) held:

Do you have any relatives working for the City of Blaine? ___ Yes ___ No If Yes, list names and relationship to you:

Did you graduate from high school or receive a GED? ___ Yes ___ No

High School Name & Location: _____

Type of School

Name & Location

Major

Degree, Certificate or Credits Earned

College/University

College University

Graduate School

Technical/Vocational

Other

Driver's License Number

State

Expiration Date

Class: ___ A ___ B ___ D ___ CDL

List any endorsements:

WORK EXPERIENCE: List complete employment history, beginning with most recent first. Include paid and unpaid experience.
*** PLEASE NOTE "see resume" is not an acceptable response for any entries on this application. Candidates will be ranked only on the information submitted in this application. Resumes and other supplemental materials will be considered in addition to, but not in lieu of this application. You may attach additional sheets, if needed.**

Employer _____ Phone (____) _____
 Address _____
 Supervisor's Name _____ Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No. If No, please indicate reason: _____

Dates Employed (Mo/Yr)
 From _____ To _____
 Total (Yr/Mo) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for leaving or seeking other employment:

Employer _____ Phone (____) _____
 Address _____
 Supervisor's Name _____ Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No. If No, please indicate reason: _____

Dates Employed (Mo/Yr)
 From _____ To _____
 Total (Yr/Mo) _____
 Hours Worked Per Week _____
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Employer _____ Phone (____) _____
 Address _____
 Supervisor's Name _____ Supervisor's Title _____
 Your Job Title _____
 Specific Duties _____

 May we contact this employer? Yes No. If No, please indicate reason: _____

Dates Employed (Mo/Yr)
 From _____ To _____
 Total (Yr/Mo) _____
 Hours Worked Per Week _____
 Last Salary _____
 Reason for leaving or seeking other employment:

KNOWLEDGE, SKILLS AND ABILITIES SECTION

Typing Ability: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	Speedwriting Ability: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	Dictation Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No
Computer Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list computer software programs and hardware you are skilled with: _____ _____		
List other office equipment you can operate: _____ _____		
List any special courses, seminars, workshops and/or training you attended that relate to the job you are applying for: _____ _____		
If relevant, list other registrations, licenses or certificates you have: Type: _____ Date Issued: _____ Date Expires: _____ Type: _____ Date Issued: _____ Date Expires: _____		
For Labor & Skilled Trades Only List the equipment you are capable of operating: _____ _____		

This space can be used to add any additional information you deem relevant to better assess your suitability for the position applied for:

MILITARY SERVICE: Branch of Service: _____
Period of Active Duty: From _____ To _____ Rank at Discharge: _____
Type of Discharge: _____ Date of Final Discharge: _____
Describe your duties and any special training: _____

<p>VETERAN'S PREFERENCE POINTS: Preference points are awarded to qualified veterans and spouses of disabled or deceased veterans to add to their application results. Points are awarded subject to the provisions of Minnesota Statute 43A.11. To be eligible for veteran's preference points you must be: (1) a citizen of the U.S. or resident alien, and (2) separated under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or has met the minimum active duty required as defined by CFR, Title 38, Section 3.12a, or who has active military service certified under 38 U.S.C.A Section 106, Part I, Chapter I, or be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who because of the disability is not able to utilize the Veterans Preference Points.</p> <p>The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it. <i>You must supply a copy of your DD214. Disabled veterans must also supply form FL-802 or an equivalent letter from a Service Retirement Board. Spouses applying for preference points must supply their marriage certificate, the Veteran DD214 and FL-802 or death certificate.</i></p>
<p>ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, your DD214 or other supporting documentation must be received no later than five (5) calendar days after the application deadline.</p>
<p>PREFERENCE REQUESTED: <input type="checkbox"/> Veteran (5pts) <input type="checkbox"/> Disabled Veteran (10pts) <input type="checkbox"/> Spouse of Disabled Veteran or <input type="checkbox"/> Deceased Veteran (5pts)</p>
<p>Do you have a service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No (_____%)</p>

REFERENCES: Please list three (3) references (not relatives), who have known you for at least one (1) year, who can attest to your work qualities.			
Name	Relationship to You	Occupation	Telephone Number
			()
			()
			()

NOTICE TO APPLICANT

Information requested on your application that is defined by Minnesota Statute as public may be released on request and includes job history, education and training, relevant test scores, rank on our eligibility list, Veteran's status, and work availability. Your name is 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. Certain other information is private and may be released only to you or to governmental entities authorized access by law.

NAME: Used to identify you in relation to other applicants. You are legally required to provide your name. Failure to provide this information may result in a delay in processing or rejection of your application.

LICENSE INFORMATION: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in rejection of your application.

CITIZENSHIP STATUS: Used to certify applicants for work in the U.S. as determined by laws of the U.S. Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

CRIMINAL HISTORY BACKGROUND CHECKS: The City of Blaine conducts criminal history background checks on all regular or temporary full-time or part-time employees. For sworn police positions, felony convictions (and certain other convictions mandated by the state licensing board for police) will automatically disqualify you from further consideration. For non-police positions, the City of Blaine will look at the type of conviction and whether it is directly related to the job for which you are applying. Candidates for positions working with children will not be selected if they have been convicted of any crime listed in the Child Protection Worker Act (M.S. 299C.61 & 62). 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 (other than applicants for positions within the police or fire department or for emergency medical services positions) is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by M.S. Chapter 364. This includes the right to show evidence of rehabilitation.

Minnesota Statute Section 518.6111, requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to be withheld from income. If hired, you will be required to provide such documentation. Failure to provide said documentation will result in dismissal.

In accordance with the Immigration Reform and Control Act of 1986, the City of Blaine hires only U.S. citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

Employees and job applicants are subject to drug and alcohol testing in conjunction with the provisions of Minnesota Statutes, Section 181.950, and the provisions as listed in Administrative Policy No. 3.14, Subd. 2. Copies of this policy are available for inspection during regular business hours by employees or job applicants in the Human Resources Department.

If you are hired for this position, you may be required to undergo a physical examination at the employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for you.

APPLICANT'S STATEMENT

I certify that I have read the "Notice to Applicant" regarding the Minnesota Data Practices Act, and understand my rights as a subject of data. I authorize that a transcript may be requested where necessary to verify any education record. I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the City of Blaine, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

I acknowledge I have read and understand the job announcement for the position of which I am applying. I further acknowledge my understanding that employment with the City of Blaine is "at will" and that employment may be terminated by either the City of Blaine or me at any time, with or without notice. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted City of Blaine policies.

I understand that if offered a position, I may be required to submit to and pass a drug screen and depending on the position, may be required to submit to and pass a psychological examination, a physical examination and/or a physical agility test.

I certify that all information I have provided in this application (and accompanying resume, if any) and during any interview for employment is true and complete. I authorize investigation of all statements contained in this application for employment with the City of Blaine as may be necessary in arriving at an employment decision. I agree and understand that any false or misleading statements or omission of information contained in this application or any supplemental materials I submit will be grounds for disqualification from employment, or in the event of employment, dismissal of employment upon discovery of the information at a later date.

By signing this form I hereby acknowledge I have read and understand the above statements. *Failure to sign this form may result in rejection of your application.*

Signature of Applicant

Date

The City of Blaine considers applicants for all positions without regard to race, age, religion, national origin, sex, marital or veteran status, disability, sexual preference, status with regard to public assistance, or any other basis protected by law. EOE/ADA

APPLICANT DATA RECORD

The City of Blaine is an Equal Opportunity Employer in its recruitment and procedures. Applicants are considered for all positions, and employees are treated during employment without regard to race, age, religion, national origin, sex, marital or veteran status, disability, sexual preference, status with regard to public assistance, or any other basis protected by law.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with State and Federal record keeping, reporting and other legal requirements, please complete the Applicant Data Record. Periodic reports are made to the government using the following information. *This form will be filed separate from your application and it will not be used in our recruitment evaluation process.* The following information is requested for reporting purposes only. Please note that your cooperation in providing the following data is *voluntary* and inclusion or exclusion of data will not affect any recruitment selection decisions. We appreciate your cooperation. Refusal to provide this information will not disqualify you from present or future employment or adverse treatment.

Title of Position Applying For:		Today's Date:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-39 <input type="checkbox"/> 40-65 <input type="checkbox"/> Over 65		
<i>Please check one of the following:</i>			
<input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian or Pacific Islander			
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other			
<i>Please check if any of the following are applicable:</i>			
<input type="checkbox"/> Disabled Individual <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran			
<input type="checkbox"/> Spouse of Disabled Individual <input type="checkbox"/> Spouse of Deceased Veteran			

REFERRAL SOURCE

How were you made aware of this employment opportunity?

Internet (specify site): _____

Newspaper (Specify paper): _____

Employment Agency (List name): _____

Employee Referral (Provide name): _____

Community Agency Referral (Specify name): _____

Walk-In

City of Blaine Job Line

Friend

Other Source: _____

THIS FORM WILL BE SEPARATED FROM YOUR APPLICATION FORM.

City of Blaine

Employment Application Instructions

General Information

- **IMPORTANT! You must complete all parts of the application.** Read the job announcement carefully before completing the application materials. Announcements may contain special instructions and requirements.
- ***For position applications that require the completion of a supplemental application,*** your score will be determined by an evaluation of the job related experience and training you describe on the application form and the supplemental application form. **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.
- If your application is incomplete or does not clearly show the experience and/or training required, your application will be rejected.
- Resumes may be submitted with the application but not in lieu of a completed application.
- Submit a separate application for each job. Type or print clearly in dark ink. Legible photocopies are accepted.
- Your application and all attachments become the property of the City of Blaine and will not be returned. Keep a copy of your completed application.
- We cannot be responsible for failure of other agencies or postal services to forward applications by the deadline. Applications will not be accepted past the application deadline as listed on the job announcement.

Name _____

2010

**SUPPLEMENTAL APPLICATION
CITY OF BLAINE**

VOLUNTEER POSITION: LEADER IN TRAINING

1. Please circle what grade you are currently in? 6 7 8 9 10 11 12

Name of school: _____

2. Describe your experiences with children (for example: babysitting, volunteering, at church, younger siblings . . . etc).

3. Describe your experience in participating in individual or team sports, arts & crafts, games: _____

4. What other experience do you have that we should know about as we consider you for this position?

**THE CITY OF BLAINE, MINNESOTA
ANNOUNCES OPENING FOR
TEMPORARY LEADER IN TRAINING VOLUNTEER POSITION**

PARKS AND RECREATION DEPARTMENT

NO SALARY

Volunteer position

SCOPE OF VOLUNTEER POSITION

Under direction of Recreation Specialist, Summer Recreation Coordinator and Recreation Leaders, Leader in Training positions are responsible for assisting Recreation Leaders in providing quality summer recreation programs.

A. ESSENTIAL DUTIES AND RESPONSIBILITIES

1. Attends all trainings and meetings.
2. Assists Recreation Leaders with daily attendance.
3. Assists Recreation Leaders with setting up games, leading games and picking up equipment.
4. Assists Recreation Leaders with preparing arts and crafts projects and assisting participants.
5. Acts as a positive role model to all participants.
6. Assist with keeping program areas in order and clean.
7. Follow Blaine Parks and Recreation Participant Code of Conduct
8. Assist on field trips as needed.
9. Work cooperatively with all supervisors and other volunteers.
10. Insure safety precautions are taken in all activities.
11. Completes necessary paperwork in a timely manner.

B. OTHER DUTIES AND RESPONSIBILITIES

1. Performs related duties as required.

These examples are intended only as illustrations of various types of volunteer work performed, & are not necessarily all-inclusive.

KNOWLEDGE, SKILLS, AND ABILITIES

1. Knowledge of low organized games, art & craft projects, activities for children
2. Ability to take direction from others.
3. Ability to show a positive attitude.
4. Ability to work with diverse populations.

APPLICATIONS

Application forms, copies of this bulletin, & additional information are available at Blaine City Hall, Parks & Recreation Dept, 10801 Town Square Drive, 763-785-6164. Application materials are also available online at www.blaineparks.com. Deadline for applications is April 23, 2010.

NON-DISCRIMINATION POLICY

The City of Blaine does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its programs or activities.