



CITY OF MOORHEAD
500 CENTER AVE, PO BOX 779, MOORHEAD, MN 56561

APPLICATION FOR TEMPORARY/SEASONAL EMPLOYMENT

NAME: Last First Middle

ADDRESS: Street City/State/Zip

PHONE / E-MAIL: (Home) (Work) (E-Mail Address)

Are you 18 years old or over? Yes No If NO, please provide your date of birth:

EDUCATION: High School: Circle: GED or Diploma

College/Vocation: Degree

Please check the temporary/seasonal position(s) for which you are applying. If applying for multiple positions, please rank in your order of interest.

SPRING/SUMMER POSITIONS

RECREATION

- Youth Baseball Coordinator
Tennis Coordinator/Head Instructor
Tennis Instructor
Summer Park Program Leader
Summer Park Program Assistant
Pre-School Leader
Pre-School Assistant
Wading Pool Attendant
Municipal Pool Supervisor
Municipal Pool Lifeguard
Municipal Pool Cashier
Swim Instructor
Adapted Swimming Assistant
Adapted Recreation Coordinator
Adapted Day Camp Leader
Inclusion Leader
Preschool Art Program Instructor
Preschool Art Program Assistant
Evening Recreation Facility Attendant
Special Event Assistant
Hjemkomst Center Event Staff/Mtce
Sports Center Concession Attendant
Part-Time Office Assistant

RECREATION VOLUNTEERS

- Big Bopper Baseball Coach
T-Ball Baseball Coach
Pop-up Baseball Coach
Junior Recreation Leader

GOLF COURSES

- Golf Course Grounds Worker
Golf Shop Attendant
Range Attendant
Junior Golf Instructor
Starter/Course Advisor

PARK MAINTENANCE

- Mower Operator
Trim Mower Operator
Ball Field Maintenance
Park Attendant
Weekend Ranger
Evening Athletic Field Ranger
Pool Maintenance Assistant
Irrigation Repair
Mosquito-Weed Control Tech
Forestry Grounds Worker
Seasonal Tree Waters
Seasonal Litter Laborer
Flower Bed Maintenance
Tree Inspector

STREETS

- Laborer

WASTEWATER PLANT

- Maintenance Laborer

SANITATION

- Compost Attendant
Laborer

OTHER

FALL/WINTER POSITIONS

RECREATION

- Youth Basketball Coordinator
Youth Basketball Officials
Volunteer Youth Basketball Coaches
Mini Basketball Instructor
Figure Skating Instructors
Sports Center Rink Attendants
Sports Center Concession Attendant
Outdoor Rink/Warming House Attend
Learn to Swim Instructors
Out of School Leader

- Adult Volleyball Official
Youth Volleyball Instructor/Coach
Recreation Program Facility Supv.
Open Gym Attendant
Hjemkomst Center Event Staff/Mtce
Part-Time Office Assistant

PARK MAINTENANCE

- Snow Shovelers/Rink Mtce
Golf Course Maintenance

STREETS

- Laborer

WASTEWATER PLANT

- Lab Assistant
Maintenance Laborer

SANITATION

- Laborer

How many hours each week are you available for work? 10 Hours 20 Hours 30 Hours 40 Hours

WORK HISTORY

CURRENT/MOST RECENT EMPLOYER _____

Address _____ Dates of Employment _____

Your Supervisor's Name _____ Telephone: _____

May we contact this person? _____ Your Position/Title _____

Primary Duties _____

PRIOR EMPLOYER _____

Address _____ Dates of Employment _____

Your Supervisor's Name _____ Telephone: _____

May we contact this person? _____ Your Position Title _____

Primary Duties _____

EXPERIENCE

Describe any past training or experience; paid or unpaid, that has prepared you for this job: _____

Please list any certifications that would be applicable to this position: _____

Please list experience with equipment or machines that would be applicable to this position: _____

Do you have a valid driver's license? ___ Yes ___ No Do you have a Class B license? ___ Yes ___ No

I understand that nothing in this employment application is intended to lead to or create an employment contract between the City of Moorhead and myself. I further understand and agree that the City or myself may terminate the employment relationship that may result from my application at any time.

*****Please sign and date your application. You must also fill out the attached Addendum to Application of Employment, Veteran's Preference form and Background Investigation form *****

Signature of Applicant _____ **Date** _____

**ADDENDUM TO
APPLICATION OF EMPLOYMENT
CITY OF MOORHEAD**

For Office Use:

Job Title _____

Date Rec'd: _____

Initials: _____

PRIVATE ADMINISTRATION DATA FOR EQUAL EMPLOYMENT OPPORTUNITY

INSTRUCTIONS

The policy and intent of the City of Moorhead is to provide equal employment opportunity for all persons regardless of race, color, creed, religion, national origin, marital status, disability, sex, age, or status with regard to public assistance.

INDIVIDUALS WILL SEPARATE THIS SHEET FROM YOUR APPLICATION OTHER THAN THOSE WHO MAKE EMPLOYMENT DECISIONS AND THE REQUESTED INFORMATION WILL IN NO WAY AFFECT YOU AS AN INDIVIDUAL APPLICANT. This information will be used to determine the effectiveness of our recruiting efforts in reaching all segments of the population and in validation of our selection methods.

Although **providing this information is voluntary**, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the selection of employees for the City of Moorhead.

Which sex are you? Male _____ Female _____

Of the following, what racial/ethnic group do you consider yourself?

- _____ American Indian or Alaskan Native
- _____ Black (Non-Hispanic Origin)
- _____ Hispanic
- _____ White (Non-Hispanic Origin)
- _____ Asian or Pacific Islander

Do you consider yourself to be disabled: Yes _____ No _____

(Disabled means any person who has a physical or mental impairment that materially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.)

How did you learn about this job?

- _____ Forum Want Ad
- _____ Minnesota State Employment Service
- _____ North Dakota State Employment Service
- _____ NDSU Placement Office
- _____ Concordia College Placement Office
- _____ MSU Placement Office
- _____ Northwest Technical College-Moorhead
- _____ Other School (please list) _____
- _____ Women's Organization (please list) _____
- _____ Other Source (please list) _____

Thank you for your assistance

**PLEASE INSERT THIS PAGE INTO THE COMPLETED APPLICATION FORM
AND RETURN TO THE CITY HUMAN RESOURCES OFFICE.**

VETERAN'S PREFERENCE

The following summarizes the major points of M.S. 43A.11 as amended, which now governs the granting of veteran's preference at both the state and local levels. This chapter may be ordered from the Documents Section, Department of Administration, 117 University Avenue, St. Paul, Minnesota 55155.

- A. General Requirements: Applicants must meet all of the following to qualify for any preference points:
- 1) Meets qualifications of position and/or received final passing score in the exam process without addition of preference points.
 - 2) Separated under honorable conditions from any branch of the armed forces of the United States.
 - 3) Served on active duty for 181 consecutive days or more or was separated by reason of disability incurred while serving on active duty.
 - 4) Is a United States citizen.
 - 5) Is not eligible for or currently receiving a monthly veteran's pension benefit based on length of military service.
- B. Points Granted:
- 1) Five (5) points granted to a non-disabled veteran who meets all of the General Requirements.
 - 2) Five (5) points granted to a spouse (if not remarried) of a deceased veteran who meets all of the General Requirements.
 - 3) Ten (10) points granted to a disabled veteran who meets all of the General Requirements if:
 - a) the veteran has a compensable service-connected disability as judged by the United States Veterans Administration or by the Retirement Board of the Branches of the Armed Forces.
 - b) the disability exists at the time preference is claimed.
 - 4) 10 points granted to the spouse of a disabled veteran who meets all of the General Requirements and the requirements listed in 3 above, but who is unable to qualify because of the disability.

VETERAN'S PREFERENCE DECLARATION

DIRECTIONS: Complete either item number 1 or item number 2 below; sign, and insert this form into the completed application form.

1. I am eligible to receive _____ preference points. I certify that I am eligible to receive the preference so declared based on my understanding of the provisions of Minnesota Statutes 43A.11. I further certify that I served in the following branch of the armed forces of the United States: _____ on active duty for 181 or more consecutive day's from: _____ to _____ and was separated under:
(MM/DD/YY) (MM/DD/YY)
_____ honorable conditions
_____ disability incurred while serving on active duty. (Please include a copy of your DD #214)

I am not eligible for or currently receiving a monthly veteran's pension benefit based exclusively on length of military service.

If I have declared ten (10) preference points, I hereby certify that I am a disabled veteran with a compensable service connected disability as judged by the U.S. Veteran's Administration or by the retirement boards of the branches of the armed forces, that the disability exists at this time, and that the disability would not, to the best of my knowledge, prevent me from completely performing essential functions of the position I have applied for.

DATE: _____
NAME: _____
SIGNATURE: _____

2. I do not claim veteran's preference points.

DATE: _____
NAME: _____
SIGNATURE: _____