

# OWATONNA PUBLIC UTILITIES ADDENDUM TO APPLICATION FORM

## VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veterans preference points, you must:

1. be 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, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veterans preference points. You are not required to supply this information, but we cannot award veteran points without it.

**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'S DD214 AND FL-802 OR DEATH CERTIFICATE.**

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN BONUS POINTS?     YES     NO

If you answered "YES", your DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

### VETERAN PREFERENCE POINTS APPLICATION

Veteran  <input type="checkbox"/> Self <input type="checkbox"/> Spouse	If spouse, Veteran's name.		
Branch of Service:	Period of Active Duty From: _____ To: _____		
Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service No:
Are you receiving or eligible for a military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preference Requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran			

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

Supporting Documentation:     is attached     will be submitted within 7 days of application deadline.

FOR OFFICE USE ONLY  
 5 POINTS  
 10 POINTS

# OWATONNA PUBLIC UTILITIES

## Supplemental Personnel Data for Affirmative Action Requirements

TO ALL APPLICANTS:

The information requested below is voluntary and in no way affects you as an individual applicant. This information will be used to determine how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. This information will not be made available to any person involved in decisions affecting an individual's appointment to a position. It is important that all applicants answer these questions so that we may take steps to prevent discrimination in the selection of employees.

1. What sex are you?  Male  Female

2. What is your age group?  16-25  26-39  over 40

3. How did you learn about this job? \_\_\_\_\_

4. What race/ethnic group do you consider yourself? (Check one)

AMERICAN INDIAN: persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN/PACIFIC ISLANDER: persons having origins in any of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands (including China, Japan, Korea, and the Philippine Islands).

BLACK: persons of African descent.

HISPANIC: persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

WHITE: persons of Indo-European descent, including Pakistani and East Indian.

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_