

POSITION AVAILABLE  
PUBLIC WORKS MAINTENANCE WORKER I

The City of Stewartville is seeking applicants for the position of Public Works Maintenance Worker I.

Job Description: Performs non-supervisory technical, semi-skilled and manual work to clean/maintaining city buildings and participate in street and parks maintenance, operate equipment for snow plowing and removal, and assist in maintaining the water system. This position is highly visible while performing work tasks. Serves on on-call status and responds to emergency situations.

Must have high school diploma or equivalent and training in the operation of heavy and light equipment or some experience. Must be able to obtain a Class B commercial driver's license. Must meet all state-mandated and employer-required medical qualifications.

Salary – Pay Grade 7: \$34,667 - \$45,066

Applicants can obtain an application at City Hall or thru our website:  
[www.stewartvillemn.com/government/publicnotices/employment-opportunities](http://www.stewartvillemn.com/government/publicnotices/employment-opportunities)

Please submit your application to City of Stewartville, PO Box 275 - 105 East First St., Stewartville or by e-mail to City Clerk, Cheryl Roeder – [croeder@stewartvillemn.com](mailto:croeder@stewartvillemn.com)

**Due Date: 5:00 pm on October 18, 2018**

Cheryl Roeder  
City Clerk



**Education /Training**

How many years of education have you had? 1-12 13 14 15 16 17 18+

| School Name & Address | Diploma, Degree, Certificate of Credits Earned | Major |
|-----------------------|--|-------|
| High School/GED       |  |       |
| College or University |  |       |
| Graduate School       |  |       |
| Technical             |  |       |

List any correspondence courses, special courses, seminars, workshops, and/or training programs you have attended, or registrations, licenses, or certificates you have that might relate to this position. **Please review the job description before responding.**

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**Driver's License Information**

Do you have a valid driver's license? Yes No Driver's License No: \_\_\_\_\_

State of Issuance: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

Have you had any moving violations in the last five (5) years? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## Clerical and Accounting Positions Only

Typing WPM \_\_\_\_\_

Can you operate Personal Computer ? Yes No Brand: \_\_\_\_\_

Check other office equipment you can operate proficiently:

\_\_\_ Copier \_\_\_ Fax \_\_\_ Telephone Console \_\_\_ 10-key Adding Machine

\_\_\_ Other: \_\_\_\_\_

List any computer software you can operate proficiently:

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## Labor and Skilled Trade Positions Only

Apprenticeship(s): \_\_\_\_\_

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List all machines and equipment that you have experience operating: \_\_\_\_\_

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## Employment History

Experience and training rating are determined by this information. Please be complete. List most recent employers first. (Use additional sheets if necessary).

| Present or Last Employer: |                  |                           |                            |
|---------------------------|------------------|---------------------------|----------------------------|
| Address:                  | City             | State                     | Zip                        |
| Supervisor Title & Name   | Phone #<br>( )   | May we Contact?<br>Yes No |                            |
| Dates of Employment       | Hours Works/Week | Job Title                 | Last Salary or Hourly Wage |
| Reason for Leaving:       |                  |                           |                            |

|                  |
|------------------|
| Specific Duties: |
|------------------|

|                           |                  |                           |                            |
|---------------------------|------------------|---------------------------|----------------------------|
| Present or Last Employer: |                  |                           |                            |
| Address:                  | City             | State                     | Zip                        |
| Supervisor Title & Name   | Phone #<br>( )   | May we Contact?<br>Yes No |                            |
| Dates of Employment       | Hours Works/Week | Job Title                 | Last Salary or Hourly Wage |
| Reason for Leaving:       |                  |                           |                            |
| Specific Duties:          |                  |                           |                            |

|                           |                  |                           |                            |
|---------------------------|------------------|---------------------------|----------------------------|
| Present or Last Employer: |                  |                           |                            |
| Address:                  | City             | State                     | Zip                        |
| Supervisor Title & Name   | Phone #<br>( )   | May we Contact?<br>Yes No |                            |
| Dates of Employment       | Hours Works/Week | Job Title                 | Last Salary or Hourly Wage |
| Reason for Leaving:       |                  |                           |                            |
| Specific Duties:          |                  |                           |                            |

|                           |                  |                           |                            |
|---------------------------|------------------|---------------------------|----------------------------|
| Present or Last Employer: |                  |                           |                            |
| Address:                  | City             | State                     | Zip                        |
| Supervisor Title & Name   | Phone #<br>( )   | May we Contact?<br>Yes No |                            |
| Dates of Employment       | Hours Works/Week | Job Title                 | Last Salary or Hourly Wage |
| Reason for Leaving:       |                  |                           |                            |
| Specific Duties:          |                  |                           |                            |

### Supervision

Have you ever supervised people? Yes No Company Name \_\_\_\_\_

Check the functions you have performed as a supervisor:

- Interviewed Candidates     
  Conducted Performance Evaluations     
  Disciplined Employees  
 Hired/Recommended for Hire     
  Recommended Salary Adjustments     
  Terminated Employees  
 Established Objectives

### Military Experience

Complete this section only if you served in the U.S. Armed Forces.

|  |                         |                                  |
|--|-------------------------|----------------------------------|
| Describe your duties and any special training: | Branch of Service       | Period of Active Duty<br>From To |
|  | Rank at Discharge       | Type of Discharge                |
|  | Date of Final Discharge |                                  |

## Volunteer/Unsalariated Experience

|                        |      |                  |     |
|------------------------|------|------------------|-----|
| Volunteer Organization |      | Position Held    |     |
| Street                 | City | State            | Zip |
| Immediate Supervisor   |      | Phone No.<br>( ) |     |
| Dates of Participation |      | Hours Per Week   |     |
| Skills Learned         |      |                  |     |

|                        |      |                  |     |
|------------------------|------|------------------|-----|
| Volunteer Organization |      | Position Held    |     |
| Street                 | City | State            | Zip |
| Immediate Supervisor   |      | Phone No.<br>( ) |     |
| Dates of Participation |      | Hours Per Week   |     |
| Skills Learned         |      |                  |     |

## Accommodations

Do you have any physical or health limitations that would require special or reasonable accommodations by the City:    Yes    No

If yes, please describe the nature of the accommodation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment of Relatives

List any relatives currently employed by the City of Stewartville

|      |                     |
|------|---------------------|
| Name | Relationship to You |
|------|---------------------|

## Personal References (Not former employees or relatives)

| Name & Occupation | Address | Phone Number |
|-------------------|---------|--------------|
|                   |         |              |
|                   |         |              |
|                   |         |              |

# TENNESSEN WARNING

## I. Personnel Data

MN Stat. 13.43 classifies all personnel data. This section has a fundamental difference from other statutes in the Act. Under section 13.43, all personnel data is considered private data on individuals, unless there is a classification that makes the data public.

Section 34.43 provides that the following data on current and former employees is public: name; actual gross salary; salary range, contract fees; actual gross pensions, the value and nature of employer paid fringe benefits; the basis for any added remuneration; job title; job description; education and training background; previous work experience; date of first and last employment; existence and status of any complaints for charges against the employee; the final disposition of any disciplinary action together with the specific reasons and data documenting the basis of the action; the terms of any agreement settling a dispute arising out of the employment relationship; work location; work telephone number; badge number; honors and awards; and payroll time sheets.

Personnel data which is not public is classified as private. Private personnel data is not accessible to the public, but is accessible to the individual subject of the data. Minn. Stat. 13.02, subd. 12.

An employee's home address, spouse/dependent names, and individual medical history are private personnel data. MN Stat. 13.43, subd. 4,

### 1. Social Security Numbers

An employee's social security number is private personnel data. MN Stat. 13.49, subd. 1. Social security numbers of an employee's spouse and dependents are also private.

In addition, there are federal laws pertaining to social security numbers. No federal, state or local government entity can lawfully deny an individual any right, benefit, or privilege provided by law if that individual refuses to disclose her/his social security number, unless the collection is for the administration of any tax, general public assistance, or driver's license or motor vehicle registration. When asked to provide her/his social security number, an individual must be informed of the uses to which the number will be put, and whether the disclosure is voluntary or mandatory. Public law 93-597, Section 7; 42 U.S.C. 405(2)(c)(I) and (iii).

## II. Collection of Private and Confidential Personnel Data

An employee asked to supply private or confidential data must be informed of the reason for collecting such data and the intended use of the data. MN Stat. 13.04, subd. 2.

The purpose of this notice - called a Tennessean Warning - is to enable the individual to make an informed decision as to whether she/he wishes to provide the requested information to the government entity. It essentially serves as a privacy protection, whereby the individual may protect her/his privacy by deciding not to provide the data to the government. MN Dept. of Admin., Advisory Opinion 98-003.



An employer may still require an employee to provide private information as a condition of employment or of receiving certain benefits. The law is established only to guarantee informed choice, not to eliminate an employer's right to collect private or confidential information.

A. Tennesen Warning

An individual asked to supply private or confidential data concerning the individual shall be informed of (a) the purpose and intended use of the requested data within the ... political subdivision...; (b) whether the individual may refuse or is legally required to supply the requested data; (c) any known consequences arising from supplying or refusing to supply private or confidential data; and (d) the identity of other person or entities authorized by state or federal law to receive the data. MN Stat. 13.04, subd. 2.

By copy of this notice I have been advised of my right to refuse to provide certain confidential information and acknowledge receipt of the Tension Warning.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



[www.stewartvillemn.com](http://www.stewartvillemn.com)

**GENERAL AUTHORIZATION AND RELEASE  
PURSUANT TO MINNESOTA STATUTES 13.05, SUBD. 4,  
MINNESOTA DATA PRACTICES ACT**

To: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize and grant my informed consent to permit you to release to and make available to the City of Stewartville, MN and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data as defined by Minnesota Statute 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealing with you or your agency. I understand that the purpose of permitting the City of Stewartville to have access to this information is to determine suitability for employment with the City. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the City, including verification of my records and analysis by consultants to the City who may review my suitability for employment.

By signing this authorization, I hereby release the Bureau of Criminal Apprehension from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City of Stewartville from any and all liability for its receipt and use of data received pursuant to this consent.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Stewartville or to you of that fact.

**Signature:** \_\_\_\_\_

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

Please return to: Cheryl Roeder, City Clerk  
City of Stewartville  
PO Box 275  
Stewartville MN 55976

**City of Stewartville**  
**Request for Background Screening Information**

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Background Screening May Include (but not limited to):

\*Civil & Criminal Record Check    \*Driver's License Check    \*Outstanding Warrants

Please attach a copy of your Driver's License

**Requested Information (please print)**

1. Applicants Name: \_\_\_\_\_
  2. Address: \_\_\_\_\_
  3. Driver's License, State Identification or Military ID: \_\_\_\_\_
  4. Date of Birth: \_\_\_\_\_    5. Phone # \_\_\_\_\_
  6. Sex: M\_\_ F\_\_                      7. Maiden Name: \_\_\_\_\_
  8. Prior Addresses: \_\_\_\_\_
- \_\_\_\_\_

**Release Information to:**

**I, the undersigned do hereby authorize the City of Stewartville to conduct a background screening as permitted by law.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

|                             |            |                    |            |
|-----------------------------|------------|--------------------|------------|
| <b>FOR OFFICE USE ONLY:</b> |            |                    |            |
| Pass _____                  | Fail _____ | Processed by _____ | Date _____ |

# 2018 Employee Benefits Summary

## MEDICAL INSURANCE – Blue Cross Blue Shield

| Plan Option                                   | Monthly Premium | City Contribution | Employee Cost | City Monthly Contribution to HSA | Employee Monthly Contribution to HSA |
|---|-----------------|-------------------|---------------|----------------------------------|--------------------------------------|
| <b>\$2,200/\$4,400 High Deductible* w/HSA</b> |                 |                   |               |                                  |                                      |
| Employee                                      | 1068.37         | 1068.37           | \$0           | 108.33                           | 58.34                                |
| Employee + Children                           | 1923.33         | 1442.49           | 480.84        | 216.66                           | 116.66                               |
| Employee + Spouse                             | 2725.65         | 2044.23           | 681.42        | 216.66                           | 116.66                               |
| Family  | 2380.36         | 1785.27           | 595.09        | 216.66                           | 116.66                               |

## DENTAL INSURANCE – Delta Dental

| Plan Option  | Monthly Premium | City Contribution | Employee Cost |
|--------------|-----------------|-------------------|---------------|
| Employee     | 38.15           | 38.15             | \$0           |
| Employee + 1 | 78.50           | 58.87             | 18.69         |
| Family       | 126.25          | 94.68             | 30.05         |

**Coverage is effective the first day of the month following date of hire for benefit eligible employees.**

## LIFE INSURANCE – Sun Life

The City provides Basic Term Life Insurance in the amount of \$25,000 to all benefit eligible employees. This benefit includes a matching amount of Accidental Death & Dismemberment. Employee's coverage begins on the first day of employment.

## SHORT-TERM DISABILITY – Sun Life

Short-Term Disability pays you a weekly income while you recover from an illness, injury, or pregnancy related disability. Benefits begin on the 6th day of an illness or a non-job related accident and are payable up to 13 weeks or until Long-Term Disability Benefits commence, whichever comes first.

All regular full and part-time employees are covered in the Short-Term Disability program after successful completion of 180 days of the employee's probationary period. The Short-Term Disability program will cover 66.67% of the current employee salary up through a maximum of 13 weeks of coverage.

The City pays 100% of the premium with no cost to the employee.

## LONG-TERM DISABILITY – Madison National

Long-Term Disability pays you while you recover from a covered illness or accident. Benefits begin 90 days after suffering a covered illness or injury and are payable up to your normal retirement age, as defined by Social Security. The benefit to the employee is 66.67% of the employee's current salary.

The City pays 100% of the premium with no cost to the employee.

## PERA – Public Employees Retirement Association

Participation in PERA is mandatory for most employees. Contributions begin immediately. Employees are fully vested after 5 years of service (after 3 years for employees hired prior to July 1, 2010).

| LMC Contribution   | Employee Contribution |
|--------------------|-----------------------|
| 7.50% gross salary | 6.50% gross salary    |

## DIRECT DEPOSIT

Employees are required to have their paychecks directly deposited into the bank of their choice. Employees will receive an earnings statement showing gross salary, taxes, other deductions and net pay.

## DEFERRED COMPENSATION

Employees have the opportunity to enroll in deferred compensation via payroll deductions through ICMA (International City/County Management Association Retirement Trust). Employees may enroll at any time throughout the year.

## PTO – PERSONAL TIME OFF

| Years of Service | Accrual per Pay Period | Days per Year |
|------------------|------------------------|---------------|
| 0-1              | 5.5 hours              | 17.9 days     |
| 2-5              | 6.36 hours             | 20.7 days     |
| 6-10             | 7.33 hours             | 23.8 days     |
| 11-15            | 8.28 hours             | 26.9 days     |
| 16-20            | 9.21 hours             | 29.96 days    |
| 20+              | 10.35 hours            | 33.66 days    |

Part-time employees working at least 30 hrs/wk will accrue vacation on a pro-rata basis of full-time employees.

Hours accrued shall not exceed 720 hours at the end of the last pay period December. Any hours over 720 will be lost after the last pay period in December.

Participants who have used at least 80 hours of PTO in a Calendar year shall have the option to sell back up to 80 hours of unused PTO at the end of the last pay period in December so long as the balance does not go below 80 hours.

## HOLIDAYS

11 paid holidays per year as listed below. In the case of a holiday falling on a Saturday, the preceding Friday will be the observed holiday, and in the case of a holiday falling on a Sunday, the following Monday will be the observed holiday.

|                                 |  |
|---------------------------------|--|
| New Year's Day                  | Veterans Day   |
| Martin Luther King Day Observed | Thanksgiving Day   |
| President's Day                 | Day Following Thanksgiving   |
| Memorial Day Observed           | Christmas Day  |
| Independence Day                | Floating Holiday – Employee vote conducted in October to determine if the day before or after Christmas. |
| Labor Day Observed              |  |

## **CLOTHING ALLOWANCE**

Permanent full-time and part-time employees working at least 30 hrs/wk will be eligible to purchase work related clothing. An annual allowance is granted. Permanent part-time benefits are pro-rated.

| Public Works Employees | Other Staff    |
|------------------------|----------------|
| \$525 per year         | \$250 per year |

## **UNION DUES**

Public Works employees belong to the I.U.O.E union. Monthly union dues are paid by the employee through monthly payroll deductions.

| Union Dues (as of August 2018) |
|--------------------------------|
| \$35.00 per month              |

**All benefits are reviewed by Council and can be changed by formal action.**