



**NON-UNION TEMPORARY/PART-TIME
EMPLOYMENT APPLICATION
CITY OF DULUTH
411 West First Street #313
Duluth, Minnesota 55802**

PRINT CLEARLY WITH INK

| | | |
|----------------------------|------------------------------|------------------|
| Name: _____ | | |
| (Last) | (First) | (Middle Initial) |
| Address: _____ | | |
| (Street) | (City, State, Zip Code) | |
| Phone Number: _____ | E-mail Address: _____ | |

| |
|---|
| Title of Position(s) you are applying for: _____ |
| Department in which you desire employment: _____ |

PAID & VOLUNTEER EXPERIENCE

List below a complete statement of your last five years of work history, starting with the most recent:

| Dates of Employment (Month/Year) | Name & Address of Employer | Salary | Describe the work you performed | Reason for Leaving |
|-------------------------------------|----------------------------|--------|---------------------------------|--------------------|
| From: _____ To: _____ | | | | |
| From: _____ To: _____ | | | | |
| From: _____ To: _____ | | | | |
| From: _____ To: _____ | | | | |
| From: _____ To: _____ | | | | |

(Continued on Reverse Side)

EDUCATION

| | | | |
|---|---------------------------------------|--|------------------------|
| Circle last grade of school completed: 1 2 3 4 5 6 7 8 9 10 11 12 (GED) | Name & Location of School: | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other Education/Training | Name & Location of School | Dates of Attendance | Degree Received |
| | | | |
| | | | |
| Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, name of school: | If yes, number of classes/credits currently enrolled in: _____ | |

Please answer the questions below:

Have you worked for the City of Duluth before? Yes No

If yes, which department and when? _____

What special skills do you possess? _____

What special license(s) and/or certificates do you possess? _____

Do you possess a valid Minnesota driver's license or privilege? Yes No

Would you accept: Part-time Work Full-time Work

What hours and days are you available for work? _____

When would you be able to begin employment? _____

If required in this position:

Are you able to do continuous heavy lifting? Yes No

Are you able to work outside in all types of weather? Yes No

Additional information you would like to add regarding your qualifications for this position:

I understand that any false or incomplete answer or statement contained on this application will subject me to rejection before appointment, or dismissal after appointment.

Signature

Date

Complete the following form ONLY if you are a full-time student under the age of 22 and wish to be eligible to fill temporary positions lasting up to 100 working days.

Section A must be completed by you.
Section B must be completed by your school.

The form must be returned with your application to be considered for 100 day positions.

FULL-TIME STUDENT EXCLUSION CERTIFICATION

Public Employees Retirement Association

60 Empire Dr., Ste. 200; St. Paul, MN 55103-2088

Phone 651-296-7460 or 1-800-652-9026



INSTRUCTIONS: Use this form to confirm exclusion from membership in PERA of an employee who is a full-time student and under the age of 23. Any refund payable based on this status will be delayed until receipt of this completed form. Part A is to be completed by the student/employee. Part B should be completed by the accredited school in which the student is enrolled full-time, and Part C is to be completed by the employer. Signatures are required in both Parts B and C for this form to be valid.

IMPORTANT FACTS ABOUT THE DATA REQUESTED ON THIS FORM

This certification is necessary to determine exemption from membership in PERA, pursuant to Minnesota Statutes, Section 353.01, Subdivision 2b(8), which reads in part as follows:

“employees of a governmental subdivision who have not reached the age of 23 and are enrolled on a full-time basis to attend or are attending classes on a full-time basis at an accredited school, college, or university in an undergraduate, graduate, or professional-technical program, or a public or charter high school”

The data collected through this form will be used for identification purposes and, if applicable, will assist in processing a refund of PERA contributions. The student's Social Security number, mailing address, name of school, and enrollment dates are classified as PRIVATE and are available only to this person, to the staff who must use it to conduct PERA business, and to entities authorized access by law. No private data on this student will be shared with any unauthorized person(s) without informed written consent from this individual.

FOR COMPLETION BY THE EMPLOYEE/STUDENT

| | | | |
|----------|---|------------------------|-----------------|
| A | Name (PLEASE PRINT) - Last, First, Middle Initial | Social Security Number | PERA Member No. |
| | Mailing Address - Number and Street, PO Box, Rural Route, etc. | | |
| | City | State | Zip Code |
| | NOTE: It is your responsibility to inform your employer of a change in full-time school attendance while you are employed. Such notification to your employer should be as early as possible so the appropriate actions can be taken. | | |

FOR COMPLETION BY THE ACCREDITED SCHOOL

| | | | |
|----------|---|----------------|-------------------------------------|
| B | I hereby certify that the above-named is/was in full-time attendance according to this school's standards and practices for the following period: | Beginning Date | Ending Date (Actual or Anticipated) |
| | Name of School | | |
| | Signature and Title of School Official | | Date |

FOR COMPLETION BY THE EMPLOYER

| | | |
|----------|--|----------------------|
| C | I understand that the full-time student exclusion is allowable for only those who are a full-time student (as indicated by the accredited school section above) and under the age of 23. If the employee turns 23 while in our employment, the exclusion is no longer valid and the employee must be enrolled in PERA. | |
| | Name of Employer and Department (if applicable) | Unit No.-Unique Code |
| | Authorized Signature and Title | Date Signed |
| | NOTE: When full-time school attendance ceases the employee will be eligible for PERA membership if earnings exceed current salary requirements. | |

