



PART-TIME LIQUOR SALES CLERK

Part-Time Liquor Sales Clerk for shifts including evenings and weekends. Two to four shifts per week, averaging 20 - 24 hours per week. Requires ability to provide efficient, positive customer service and the ability to lift up to 50 lbs. Previous experience in retail and sales, customer service, cash register & money handling desired. Valid MN Drivers License, High School diploma or equivalent, 21 or older required.

Starting Wage: \$14.00/hr

Apply in person at Harbor Wine & Spirits or see www.cityofmound.com for application.

Questions can be directed to:
Ron Gust, Liquor Store Manager
Harbor Wine & Spirits
2135 Commerce Blvd
Mound, MN 55364
(952)472-0648
rongust@cityofmound.com

HISTORY OF HARBOR WINE & SPIRITS

A little known fact is that our community liquor store--Harbor Wine & Spirits--is a municipally owned liquor store.

After the repeal of Prohibition in 1933, the Federal government enabled each individual state to control and/or regulate the sale of alcoholic beverages within its individual borders. In Minnesota, municipal liquor stores exist at the discretion of the municipality. Municipal liquor stores exist in order to control the sale and consumption of alcoholic beverages, as well as generate revenue for the community. There are currently over 230 cities in Minnesota with municipal liquor operations.

The City of Mound owns and operates Harbor Wine & Spirits. Opened at its current location in 2003, this approach enables the City to use the profits generated to reduce the property tax levy. Property tax levies fund essential city services and public projects, such as street maintenance and repairs, etc. Harbor Wine & Spirits is expected to contribute \$175,000 to the General Fund in 2019!

Application for Employment

We welcome you as an applicant for employment with the City of Mound. It is the policy of the City of Mound to provide equal opportunity in employment. The City of Mound will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please 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. Please refer to the Applicant Data Practices Advisory for information regarding what is considered public and private information as an applicant and, if you are selected for the position, as an employee.

The City of Mound accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact the City at 952-472-0600.

| | Personal Informat | tion | | | | | |
|---|------------------------|--------------------|--------------------------|---------------------------|-------------|----------|------|
| | Name: | (Last) | (First) | (MI) | | | |
| | Street Address | | | | | | |
| | Street Address | | | | | | |
| | City, State, Zip | | | | | | |
| | Phone Number | | | Alternate Phone | | | |
| | Email | | | | | | |
| | Please print in IN | K or type who | en completing this | application | | | |
| | Title of position appl | lying for: | | | | | |
| ı | Are you legally eligib | ala ta wark in th | a United States in the | position for which you or | o opplying? | <u> </u> | |
| | | | | position for which you ar | | □ Yes | □ No |
| | Proof of citizenship | or work eligibilit | ty will be required as a | condition of employment | t. | | |
| | Are you at least 18 y | years old? | | | | □ Yes | □ No |
| | | | | | | | |

Educational Information

| Circle the highest grade | completed | | |
|--------------------------------|----------------------------------|-----------------------------|--------------------------------|
| 1 2 3 4 5 6 7 8 | 9 10 11 12 GED | 13 14 15 16 | MA MS PHD JD |
| Grade School | High School | College/Technical | Graduate |
| Did you graduate: | □ Yes □ No | □ Yes □ No | □ Yes □ No |
| (Please check) | High School | College/Technical | Graduate/JD |
| School Name | Address | Course of study | Degree |
| High School: | Addiooo | Coulog of Grady | Dogico |
| | | | |
| College: | | | |
| | | | |
| Graduate School: | | | |
| Technical/Vocational: | | | |
| reciffical/vocational. | | | |
| Other: | | | |
| | | | |
| Other: | | | |
| | | | |
| | 1 | 1 | |
| List any other courses, semi | nars, workshops, or training | you have that may provide y | ou with skills related to this |
| position: | | | |
| | | | |
| | | | |
| | | | |
| List any current licenses, rec | gistrations, or certificates you | u possess which may be rela | ted to this position: |

Employment Experience

List present or most recent employer first. Please note that "see resume" is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application. Please provide up to 20 years of relevant work history.

| Company | Name of last supervisor | Hrs/Week | |
|-----------------------------------|-------------------------|-----------------|--|
| Address | Start Date | Starting Salary | |
| City, State, Zip | End Date | Final Salary | |
| Phone Number | Last job title | | |
| Reason for leaving (be specific): | | | |
| Describe your work in this job: | | | |
| | | | |
| May we contact this employer? | es 🗆 No | | |
| Company | Name of last supervisor | Hrs/Week | |
| Address | Start Date | Starting Salary | |
| City, State, Zip | End Date | Final Salary | |
| Phone Number | Last job title | | |
| Reason for leaving (be specific): | • | | |
| Describe your work in this job: | | | |
| | | | |
| May we contact this employer? | es 🗆 No | | |

Employment Experience (Continued)

| Company | Name of last supervisor | Hrs/Week |
|-----------------------------------|-------------------------|-----------------|
| Address | Start Date | Starting Salary |
| City, State, Zip | End Date | Final Salary |
| Phone Number | Last job title | |
| Reason for leaving (be specific): | | |
| Describe your work in this job: | | |
| | | |
| May we contact this employer? | Yes 🗆 No | |
| Company | Name of last supervis | or Hrs/Week |
| Address | Start Date | Starting Salary |
| City, State, Zip | End Date | Final Salary |
| Phone Number | Last job title | |
| Reason for leaving (be specific): | | |
| Describe your work in this job: | | |
| | | |
| May we contact this employer? | Yes □ No | |

Unsalaried Experience

| Onsaidnet | Lybellelice |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Describe any unsalaried or volunteer experience rele exclude, if you wish, information which would reveal status). | evant to the position for which you are applying (you may race, sex, religion, age, disability, or other protected |
| | |
| | |
| Military E | Experience |
| Did you serve in the U.S. Armed Forces? □ Yes | □ No |
| Describe your duties: | |
| Do you wish to apply for Veterans' Preference points | s: 🗆 Yes 🗆 No |
| If you answered "yes," you must complete the enclose | |
| | rization |
| | |
| I acknowledge that I have received a copy of the job of applying. I further acknowledge my understanding that employment may be terminated by either the City of M | t employment with the City of Mound is "at will", and that |
| With my signature below, I am providing the City of Me within this application packet, including contacting cur in the Employment Experience section I have answere employer?". contact with my current employer will not | rent or previous employers. However, I understand that if, ed "No" to the question, "May we contact your current |
| the case of non-public safety positions) and that a cor | be conducted (after I have been selected for an interview, in eviction of a crime related to this position may result in my t is my responsibility to notify the City of Mound in writing of a for employment. |
| | |
| Signature | Date |
| 12/2012 | |

Revised 2017

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE, MUST BE ATTACHED

(Veteran is defined by Minn. Stat. § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other documentation verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, or other documentation verifying service, contact your County Veterans' Service Office.

The City of Mound operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been 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, **or** after having served

Signature

the full period called **or** ordered for federal, active duty **and** be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points preference only for the first promotion after securing employment with the City of Mound.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214, or other documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

| Name (Last) | (First) | (MI) | | Position | n For Which You Applied | t | |
|----------------------|------------------------------------|------------------|-------------------|------------|-----------------------------|-------------------|----------------------------|
| | | | | Closing | ı Date: | | |
| Address (Street) | (City) | (State) | (Zip) | | Number | Are you a US | Citizen or Resident Alien? |
| , | , ,, | , | (1 / | | | YES | □NO |
| | | | | | | | |
| VETERAN (10 poir | ntel· | | | | | | |
| | nts). of DD214 or DD215, or otl | her documenta | tion verifying se | rvice mi | ust he submitted to rec | eive noints) | |
| | discharged veteran | nor addamenta | ∏ Yes | ∏No | dot be edomitted to ree | orro ponto, | |
| | alconalged reteran | | | | | | |
| DISABLED VETER | <u>:AN</u> (15 points): | | | | | | |
| ("Member Copy 4" of | of DD214, or other docum | entation verifyi | ng service, and | USDVA | letter of disability rating | g decision of 10 | % or more must be |
| submitted to receive | e points) | | _ | | | _ | |
| Percent of | f Disability:% | | | | | | |
| Have you | ever been promoted withi | n the City of M | lound employme | ent? | ☐ Yes ☐ | □ No | |
| | | | | | | _ | |
| SPOUSE OF DECE | EASED VETERAN (10 po | ints or 15 if th | ne veteran was | disabled | d at time of death): | | |
| ("Member Copy 4" of | of DD214 or DD215, or otl | her documenta | tion verifying se | ervice, ph | otocopy of marriage ce | ertificate, spous | e's death certificate and |
| proof veteran died | on or as a result of active | duty must be s | ubmitted to rece | eive point | ts. You are ineligible to | receive points | f you have remarried or |
| were divorced from | the veteran). | | | | | | |
| Date of D | eath: | Have you re | emarried? | Yes | □No | | |
| | | | | | | | |
| | BLED VETERAN (15 poi | - | | | | | |
| | of DD214 or DD215, or oth | ner documenta | tion verifying se | rvice, an | d USDVA letter of disa | bility rating dec | ision of 10% or more |
| must be submitted | 1 / | | | | | | |
| | s Veteran's disability preve | • | | | ment?" Due to the vete | eran's service-c | onnected disability the |
| veteran is | unable to qualify for this p | oosition becaus | se (be specific): | | | | |
| | | | | | | | |
| | | | | | | | |
| | eby claim Veterans' Prefe | • | | | | | |
| | best of my knowledge. I | - | - | | | required Veter | ans' Preference |
| verification docum | nents and submit them t | o the City of N | Nound by the re | equired a | application deadline. | | |
| | | | | | | | |

Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service, This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not quality for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, or other documentation verifying service, USDVA verification that veteran died on or as a result of active duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of Mound. Please contact our office at (651) 281-1200 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Mound appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

| Position(s) for which you are applying: | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Gender: □ Male □ Female | | | | | |
| With which racial/ethnic group do you identify? | | | | | |
| ☐ Black or African American | | | | | |
| ☐ Hispanic or Latino | | | | | |
| ☐ American Indian or Alaskan Native through Tribunal affiliation or community recognition | | | | | |
| ☐ Caucasian/White | | | | | |
| □ Asian | | | | | |
| □ Native Hawaiian or other Pacific Islander | | | | | |
| ☐ Two or more races | | | | | |
| Disability status, defined as: | | | | | |
| Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning); Has a history of a disability (such as cancer that is in remission); Is regarded as having such an impairment. | | | | | |
| Do you claim disability status? □ Yes □ No | | | | | |

Applicant Data Practices Advisory

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Mound. First, under "Rights of Subjects of Data" (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State of Federal law to receive the data you provide.

Second under "Personnel Data" (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran's status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered 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.

If you are hired, the following additional data about you will be considered public information:

- Your name:
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- You job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the City of Mound, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- You work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your works time
 for payroll purposes: except to the extent that release of time sheet data would reveal
 employee's reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience:

Applicant Data Practices Advisory (Continued)

- The "complete" terms of any settlement agreement (including buyout agreements) except that
 the agreement must include the specific reasons if it involves the payment of more than
 \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and you assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the city's Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you in voluntary.

NOTICE REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and retained in the employee's data record.

NOTICE TO MINORS: Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the City of Mound Human Resources Department at 2415 Wilshire Boulevard, Mound, MN 55364. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**

¹ A city will want to review Minn. Stat. §363A.36 to determine whether it is required to have a formal Affirmative Action Program in place. If a formal plan is not in place, work with your legal counsel to review this sentence as appropriate.