

CITY OF TWO HARBORS

COMMUNITY DEVELOPMENT PLANNER

Required Supplemental Application Form

Applicant Name: _____ Date: _____

YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT.

Please note:

This supplemental form will be used to rank applicants, so please be complete and accurate in your responses.

1. Do you possess a valid Minnesota Class D Driver's License or equivalent?
(choose one)

YES **NO**

2. Do you have a Bachelors' degree and 3 years of verifiable experience related to planning and zoning, parks and recreation, economic development, city administration, or similar? (choose one)

YES **NO**

If yes, please indicate what type of degree and experience you have below:

3. Do you have a Master's degree and 1 year of verifiable experience related to planning and zoning, parks and recreation, economic development, city administration or similar? (choose one)

YES **NO**

If yes, please indicate what type of degree and experience you have below:

4. Do you have AICP Certification?

YES **NO**

5. Do you have ArcGIS Certification?

YES **NO**

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant's signature: _____

Date: _____