



(Revised – June 2014)

## APPLICATION FOR EMPLOYMENT

Position Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date Received by City: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_  
*Home Work Cell*

Email Address: \_\_\_\_\_

Will you be able to present documents to the City establishing your identity and authorization to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

Are you eighteen years of age or older? \_\_\_\_ Yes \_\_\_\_ No

Are you presently or have you previously been employed by the City of Pequot Lakes?  
\_\_\_\_ Yes \_\_\_\_ No

If yes, when and in what position? \_\_\_\_\_

### EDUCATIONAL INFORMATION

Circle the highest year completed:

Elementary  
1 2 3 4 5 6 7 8

High School  
9 10 11 12 GED

College  
1 2 3 4

Post Graduate  
MA MS PHD JD

Did you graduate from high school? If so list name of high school. \_\_\_\_\_

- Yes  
 No

Name and location of college, university And/or technical schools	Length of Time Attended	Major/minor or study area	Degree received
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### Employment Desired

Type of employment desired:

- Full-time
- Part-Time
- Seasonal/Temporary

Salary desired: \_\_\_\_\_ Date available for work: \_\_\_\_\_

### Work History and Military Service

Please give accurate, complete work and military history. If you list any employment or military history prior to 5 years from the date you complete the application, do not list the dates of employment or military duty. Instead list the total number of years and months for any employment or military duty prior to 5 years from the date you complete the application. Attach additional sheets if necessary.

#### PRESENT EMPLOYER

#### DATES OF EMPLOYMENT

Organization: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Wage: \_\_\_\_\_  
Supervisor's name & title: \_\_\_\_\_  
Your title: \_\_\_\_\_  
Number and types of positions you supervised: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Principle Responsibilities (be complete):

Percent (%) of Time:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

#### PREVIOUS EMPLOYER

#### DATES OF EMPLOYMENT

Organization: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Hours per week: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Wage: \_\_\_\_\_  
Supervisor's name & title: \_\_\_\_\_  
Your title: \_\_\_\_\_  
Number and types of positions you supervised: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Principle Responsibilities (be complete):

Percent (%) of Time:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**PREVIOUS EMPLOYER**

**DATES OF EMPLOYMENT**

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Supervisor's name & title: \_\_\_\_\_  
Your title: \_\_\_\_\_  
Number and types of positions you supervised: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Hours per week: \_\_\_\_\_  
Wage: \_\_\_\_\_

Principle Responsibilities (be complete):

Percent (%) of Time:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Other Job-Related Experience**

You are not required to include any information that would reveal your race creed, color, religion, national origin, sex, sexual orientation, marital status, status with regard to public assistance, disability, membership or activity in a local human rights commission, age, Reserve or National Guard status, military service, citizenship or any other protected category under law."

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Supervisor's name & title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Hours per week: \_\_\_\_\_  
Wage: \_\_\_\_\_

Principle Responsibilities (be complete):

Percent (%) of Time:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Supervisor's name & title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Hours per week: \_\_\_\_\_  
Wage: \_\_\_\_\_

Principle Responsibilities (be complete):

Percent (%) of Time:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Other Job-Related Training and Experience

Please list any other training and experience not described earlier in the application.

Training and/or experience	Number of years
_____	_____
_____	_____
_____	_____
_____	_____

### Apprenticeships – Licenses – Certificates

Apprenticeships served or trades learned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licenses/Certificates held (indicate number and expiration date): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Professional References:

These should be people in a position to discuss your qualifications for the position you seek. Include managers, directors, or supervisors under whom you worked. The City reserves the right to contact all prior employers, educational institutions, or institutions where you have volunteered in addition to references listed below.

List people who know you well, preferably from a work environment. Do not use acquaintances or relatives.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
                    Home or Cell                      Work

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2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home or Cell Work

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home or Cell Work

I understand that any falsified information or significant omissions on either the application or during my interview may disqualify me from further consideration for employment and may be considered justification for dismissal. This application is not a guarantee of anything, nor is it a contract, and employment is at-will.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

We welcome you as an applicant for employment with the City of Pequot Lakes. It is the City's policy to provide equal opportunity in employment. The City will not discriminate on the basis of race, age, religion, national origin, marital status, disability, sex, sexual orientation, status with regard to public assistance, membership or activity in a local commission per Minnesota Statute sec. 363.08, subd. 2, reserve or National Guard status per Minnesota Statute Section 181.535, military service per 38 U.S.C. sec. 4311(a), citizenship per 8 U.S.C. Minnesota Statute 1324b(a)(1)(B), or any other basis protected by law.

## APPLICATION FOR VETERANS PREFERENCE POINTS

**Eligibility:**

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their training and experience examination results. Points are awarded subject to the provisions of Minnesota Statutes, section 197.455. To be eligible for veteran's preference points, you must be either (1) 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, by reason of disability incurred while serving on active duty, met the minimum active duty required as defined by federal rule or have certain active military service certified under federal law not identified elsewhere, and be a citizen of the United States or resident alien; or (2) 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.

**Instructions:**

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veterans 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 do not include these documents with this application, be sure to include your name, and the name of position for which you are applying, when you do submit the documents.

All documentation must be received no later than 7 calendar days after the application deadline for the position for which you are applying.

### Veterans Preference Application

Veteran: Self  Spouse  If spouse, veteran's name: \_\_\_\_\_

Branch of service: \_\_\_\_\_ Dates of Active Duty: from \_\_\_\_\_ to \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Date of final discharge: \_\_\_\_\_ Service number: \_\_\_\_\_

Do you have a compensable service-related disability? Yes  No

Type of preference requested:    Veteran                       Disabled veteran   
   Spouse of veteran                       Spouse of disabled veteran

Supporting documentation:    Is attached

Will be provided within 7 days of application deadline

**YOUR RIGHTS AS A SUBJECT OF DATA**

**Minnesota Statutes, section 13.04 requires that you be informed of the following about private data requested on this application. The data obtained may be disclosed to elected and appointed officials and employees of the City whose work assignments reasonably require access during the hiring process; enforcement agencies with legal authority; and persons/entities authorized by law or court order.**

<b>PRIVATE DATA</b>	<b>PURPOSE AND INTENDED USE</b>	<b>KNOWN CONSEQUENCE ARISING FROM SUPPLYING OR REFUSING TO SUPPLY</b>
Name	To identify you in relation to other applicants. If you become a finalist for a position, then your name becomes public data.	You are legally required to provide this data. If this data is not provided, the City will reject your application.
Age 18 or older	To certify applicants for certain types of work.	You are legally required to provide this data. If this data is not provided, the City will reject your application.
Residence Information	To be able to notify you of your application's status.	You are not legally required to provide this data, but you will be required to provide this data if you are hired. If this data is not provided, the City may not be able to contact you.
Telephone Numbers	To contact you regarding availability for interviews, to notify you of vacancies, to request clarification on your application.	You are not legally required to provide this data. If this data is not provided, the City may not be able to contact you.
Military	To assist the City in evaluating your qualifications for employment.	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information.
Professional or Technical Licenses, Certificates, Memberships, or other Credentials	To allow you to identify additional information that may assist the City in evaluating your qualifications for employment.	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information.
Job-related volunteer and unpaid work experience	To allow you to identify additional information that may assist the City in evaluating your qualifications for employment.	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information.
Additional Experience	To allow you to identify additional information that may assist the City in evaluating your qualifications for employment.	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information.

Eligibility to Work	To certify that applicants are eligible to work.	You are not legally required to provide this data, but you will be required to provide this data if you are hired. If this data is not provided, the City may reject your application.
References	To assist the City in evaluating your qualifications for employment.	You are legally required to provide this data. If this data is not provided, the City will reject your application.

**All other data on this application is public data.**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize the City of Pequot Lakes and its representatives to make an investigation of any information contained in this application and/or supplemental materials I have submitted in consideration for the position of \_\_\_\_\_. I authorize my past and present employers and educational institutions to release information concerning my employment and educational background to the City of Pequot Lakes. The information obtained will be used by the City of Pequot Lakes to evaluate my qualifications for employment and may be disclosed to elected and appointed officials and employees of the City of Pequot Lakes whose work assignments reasonably require access during the hiring process; enforcement agencies with legal authority; and persons/entities authorized by law or court order.

To the fullest extent permitted by law, I release my present or former employers and educational institutions from responsibility for any harm or damages that I may experience as a result of their good faith compliance with this authorization.

I understand that I am not legally required to sign this authorization, but if I do not do so, the City of Pequot Lakes may be unable to adequately evaluate my qualifications for employment.

This authorization is valid for one year from the date below or until the purpose has been fulfilled, whichever occurs first. This authorization may be withdrawn by notifying the City in writing, but such withdrawal does not affect the validity of disclosures made prior to the withdrawal notice. A photocopy of this release is valid for all purposes as an original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

The City of Pequot Lakes is an equal opportunity employer. It is the policy of the City of Pequot Lakes to provide equality in employment to all persons. This policy expressly prohibits discrimination because of race, creed, color, religion, national origin, sex, sexual orientation, marital status, status with regard to public assistance, disability, membership or activity in a local human rights commission, age, or any other basis protected by law, except where there is a bona fide occupational qualification. This policy applies to all phases of employment including, but not limited to: recruitment, hiring, placement, promotion, demotion, transfer, layoff, recall, discharge, rates of pay or other forms of compensation, and selection for training. This policy also applies to the use of all facilities and participation in all city-sponsored employee activities.

The information asked of you below will be used to evaluate our overall efforts in achieving diversity in the recruitment and selection of City of Pequot Lakes employees. 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 Pequot Lakes appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Please indicate the position(s) for which you are applying: \_\_\_\_\_

Please indicate how you heard about this position: \_\_\_\_\_

Please place a check in the appropriate blanks:

Gender:  Male  Female

With which racial/ethnic group do you identify?

- Asian or Pacific Islander
- African American (Black)
- Hispanic
- Native American or Alaskan Eskimo
- Caucasian (White)
- Other (Please indicate: \_\_\_\_\_)

Based on the definition below, do you claim Disability status?

Yes  No

Disability status is defined as:

- (1) Has a physical, sensory or mental impairment which materially limits one or more life activities;
- (2) Has a record of such an impairment; or
- (3) Is regarded as having such an impairment.