

Date Received:

CITY OF LONSDALE
415 Central Street West, PO Box 357
Lonsdale, Minnesota 55046-0357
(507) 744-2327

APPLICATION FOR EMPLOYMENT

WELCOME!

The City of Lonsdale appreciates your interest in a position with us. The City of Lonsdale is committed to a policy of equal opportunity in employment without regard to race, color, creed, religion, national origin, marital status, disability, status with regard to public assistance, sexual orientation, sex, age or disability and any other category protected by law.

Data provided on your application will be reviewed by various personnel within the City of Lonsdale for the purpose of assessing your qualifications for employment. Please furnish complete information as outlined in this application. Failure to provide the data required may result in rejection of your application.

Persons with disabilities who wish to apply for employment with the City of Lonsdale and need reasonable accommodation in the application process may contact the City Administrator's Office at the address/phone number listed above.

• PLEASE PRINT IN INK OR TYPE •

Name (Last)	(First)	(Middle)	Phone No.: (where a message can be left) (Day)
Street Address		City/State/Zip Code	(Evening)

Position for which you are applying: _____ Date: _____

Are you willing to work (may mark more than one):

_____ Full-time _____ Part-time _____ Seasonal

Date Available: _____ Pay Desired: _____

Have you worked for the City of Lonsdale before: ___ Yes ___ No If yes, when and in what position? _____

Are you willing to work overtime if necessary? ___ Yes ___ No

Are you a United States citizen or otherwise legally eligible to work in the United States? ___ Yes ___ No

STATEMENT OF INTEREST: Give a brief statement of why you are interested and feel qualified for the position:

EDUCATION / TRAINING

Types of School	Name and Address of School	From	To	Diploma, Degree, Certificate or Credits Earned	Major	Did you Graduate?
Last High School / GED						
College or University						
College or University						
Graduate School						
Technical / Vocational School						

• List applicable courses, seminars, workshops and training programs you attended related to this position: _____

LICENSES

Complete this section only if the position sought requires a valid driver’s license.

Do you have a valid driver’s license? Yes No

Driver’s License No./State _____ Class _____

Expiration Date _____ Endorsements _____

List all moving traffic violations within the past five years.

Nature of Offense(s)

Date(s) _____ Explain: _____

Are you able to speak a language in addition to English? If so, what language? _____

If relevant, list other registrations, licenses or certificates you have. Include date first issued and expiration of current issuance.

Registrations, Licenses, Certificates	Date Issued	Expiration Date

EMPLOYMENT HISTORY

Please list your employment history for the **past ten (10) years**. Begin with most recent employment. Attach additional pages if necessary. List any relevant volunteer work experience.

Present or Last Employer		Address	City/State/Zip
Supervisor's Name and Title	Phone ()		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?
Dates employed (mo/yr) From To	Hours worked per week	Job Title	
Reason for leaving			
			Last salary/wage
Specific duties			

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Supervisor's Name and Title	Phone ()		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?
Dates employed (mo/yr) From To	Hours worked per week	Job Title	
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Dates employed (mo/yr) From To	Hours worked per week	Job Title	
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Supervisor's Name and Title	Phone ()		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?
Dates employed (mo/yr) From To	Hours worked per week	Job Title	
Reason for leaving			
			Last salary/wage
Specific duties			

Have you ever been involuntarily terminated from employment? Yes No If yes, please briefly explain. _____

MILITARY

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 From _____ To _____
	Rank at Discharge
	Type of Discharge
	Date of Final Discharge

PHYSICAL REQUIREMENTS:

Are you able to perform the tasks of this position as described in the job description? Yes No

CONVICTION INFORMATION

As an adult, have you ever been convicted, or pled guilty to a felony, gross misdemeanor, or misdemeanor for which a jail sentence could have been imposed? Yes No

If yes, date and place	Nature of Offense	Disposition
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READ CAREFULLY AND SIGN

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that 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 termination from employment. I authorize investigation of all statements contained in this application or made during my interview for employment as may be necessary in arriving at an employment decision.

I acknowledge that none of the statements made in this application are intended to be, nor should be construed as a contract between the City of Lonsdale and myself.

I hereby authorize persons, schools, my current employer, previous employers and organizations named in this application to provide any and all information regarding my employment, also any other information, whether personal or otherwise that may or may not be on record. I release such employers and individuals from all liability for damages whatsoever that may arise from furnishing this information.

The City of Lonsdale has the right to verify all information provided in this application, and to request information concerning my application and I release all parties from any and all liabilities and claims for damages whatsoever that may result therefrom.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY	
<u>DOCUMENTS</u>	<u>DATE</u>
Release of information form received from applicant	_____
Authorization for criminal background/driver's license check received from applicant	_____

DATA PRACTICE ADVISORY

NOTICE TO APPLICANT

Please read this important information.

The Minnesota Government Data Practices Act (Minnesota Statutes 13.01 – 13.90) has two sections that affect applicants seeking employment with the City of Lonsdale.

First, under "Rights of Subjects of Data," (MN 13.04) when an applicant is asked to provide personal data, 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 consequence arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal Law to receive the data you provide.

Second, under "Personal Data" (MN Statute 13.43) the following data 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 public:

- Your name;
- Your city and county of residence;
- 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;
- Your job title and job description;
- The dates of your first and last employment with us;
- The status of any complaints or charges against you while you work for the City of Lonsdale, whether or not they resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your work location and work telephone number;
- Your education and training background;
- Honors and awards you have received;
- Payroll time sheets or other comparable data that are only used to account for your work time for payroll purposes: except to the extent that release of time sheet date would reveal employee's reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience; 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 listed above is private data. This private data will be available to you and to those members of City staff needing it to process City records. In addition, the following persons or organizations 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 to 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 yourself is voluntary.

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

NOTICE TO MINORS: Minors from whom private 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 Lonsdale Human Resources Department at: 415 Central Street West, PO Box 357, Lonsdale, MN 55046-0357. This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practice Act.

CITY OF LONSDALE

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VETERAN'S PREFERENCE

You must submit a photocopy of your DD214 or other military documents to substantiate the service information requested on the form. 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. Claims not accompanied by proper documentation will not be processed.

The City of Lonsdale awards preference points to qualified veterans and spouses of deceased or disabled veterans. Ten (10) preference points are granted for non-disabled veterans on open vacancies. Fifteen (15) points are added if the veteran has a permanent service-connected compensable disability as certified by the Veterans Administration.

To qualify for preference, you must have served on active duty in any branch of the Armed Forces of the United States for 181 consecutive days or more, and have been honorably discharged; you must be a citizen of the United States and currently not receiving a monthly veteran's pension based exclusively on length of service. Veteran's preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who because of the disability is unable to qualify.

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 your DD214 form is submitted to the Human Resources Department separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

COMPLETE THIS FORM ONLY IF YOU ARE A VETERAN AND CLAIMING VETERAN'S PREFERENCE:

Name (Last) _____ (First) _____ (Middle) _____ Position Title _____

Address _____ Phone Number _____

Are you a U.S. Citizen? ____ yes ____ no

Active Duty Information: (Note: a photocopy of your DD214 form must accompany this claim sheet.)

Have you (or your disabled or deceased spouse) served on active military duty without interruption for 181 days or more?
____ yes ____ no

Are you receiving or are you eligible to receive a monthly veteran's pension based exclusively on length of military service?
____ yes ____ no

For Disabled veterans: (Letter from VA as proof of disability must be submitted to receive points):

Permanent ____ yes ____ no Currently existing ____ yes ____ no

Percentage of service connected disability: ____ %

For Spouses of Disabled veterans:

Have you remarried? ____ yes ____ no If "yes", you are not eligible for veteran's preference.

AFFIDAVIT: I hereby claim veteran's preference for this vacancy and certify that all the information given is true, complete and correct to the best of my knowledge.

I hereby authorize the Veterans Administration to release information necessary to process this application to the City of Lonsdale Human Resources Department.

Signature

Date