



City of Minnesota Lake  
103 Main St N  
PO Box 98  
Minnesota Lake MN 56068

## City of Minnesota Lake Application for Employment

It is the City of Minnesota Lake's policy to provide equal opportunity in employment. The City of Minnesota Lake 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 Minnesota Lake 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 Clerk at 507-462-3277.

### PERSONAL INFORMATION

Position applying for \_\_\_\_\_ Date Available \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Temporary \_\_\_\_ Seasonal E-mail Address \_\_\_\_\_

Legal Name \_\_\_\_\_ Prior Name(s) \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
City State Zip

Are you related to any current employee within the City of Minnesota Lake? \_\_\_\_ Yes \_\_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_\_ Yes \_\_\_\_ No

Are you a veteran who received an honorable discharge qualifying you for veterans' preference points? \_\_\_\_ Yes \_\_\_\_ No

Are you under 18 years of age? \_\_\_\_ Yes \_\_\_\_ No

As an adult, have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No

If YES, please describe: (A conviction record will not necessarily disqualify you from employment.) \_\_\_\_\_

### EDUCATION

If you didn't complete high school, have you passed an equivalency test? ☐ Yes ☐ No

Check the number of years of post high school education ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Type of School	Name of School	Location (Mailing Address)	Major & Degree
High School			N/A

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1. Employer's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_ Position Held \_\_\_\_\_  
 \_\_\_\_\_ Dates Employed (mm/yy) \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
 City State Zip

Duties Performed \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

2. Employer's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates Employed (mm/yy) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

3. Employer's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates Employed (mm/yy) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Duties Performed \_\_\_\_\_

Reason for leaving (be specific):

List any other skills or experience which relate to this position. \_\_\_\_\_

**LICENSES: (All licenses must include license number to receive points)**

1. Drivers License: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

2. Other: \_\_\_\_\_

**REFERENCES: (Must have three)**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**I hereby certify that all answers to the above questions are true and I agree and understand that any false statements contained in this application may cause rejection of this application or termination of employment without notice or benefits.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Notice to Applicants

In accordance with the Minnesota Government Data Practices Act, the City of Minnesota Lake is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available only to you and to other persons in the City of Minnesota Lake who have a bona fide need for the data, but not to the public. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice of private data.

The following information which you might be asked to provide in the employment process is considered private data:

- |                          |                      |
|--------------------------|----------------------|
| - Name                   | - Conviction Record  |
| - Home Address           | - Sex                |
| - Home Phone Number      | - Age Group          |
| - Social Security Number | -Racial/Ethnic Group |
| - Date Of Birth          | -Disability          |

Public Data includes:

- |                         |                        |
|-------------------------|------------------------|
| -Veteran Status         | -Rank on eligible list |
| -Education and training | -Relevant test scores  |
| -Job History            | -Work Availability     |

As an applicant, your name becomes public when you are certified as eligible for appointment to a position or when applicants are considered by the appointing authority to be finalists for a position with the City of Minnesota Lake. "Finalist" means an individual who is selected to be interviewed by the appointing authority prior to selection.

We ask for this information for the following reasons:

- to distinguish you from all other applicants and identify you in our personnel files
- to enable us to verify that you are the individual who takes examinations, if any examination is given
- to enable us to contact you when additional information is required, send you notices and/or schedules for your interviews
- to determine if you meet the minimum age requirements (if any)
- to determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for
- to enable us to ensure your rights to equal opportunities
- to meet federal reporting requirements
- to make processing more efficient

The data supplied will be used only for the purpose of your employment application with the City of Minnesota Lake.

FURNISHING SOCIAL SECURITY NUMBER, DATE OF BIRTH (UNLESS A MINIMUM AGE IS REQUIRED), SEX, AGE GROUP, RACIAL/ETHNIC AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

If you are hired by the City of Minnesota Lake, you will be legally required to supply your social security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration, and will enable us to compute your salary deductions. Insurance data which you will be required to furnish in order to participate in City health and life insurance plans will be classified as private as will payroll deduction data (when needed).

I declare that I have read and understand the information given above regarding the Minnesota Data Practice Act.

_____	_____	_____
Applicants Printed Name	Applicants Signature	Date

## VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veterans' preference points, you must:

1. Be 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, and be a citizen of the United States or resident alien; or be 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; and
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

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 supply the supporting documentation by separate mail, your name and the position applied for must be included.

**ARE YOU APPLYING FOR VETERANS BONUS POINTS?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If you answered "YES", your DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

### VETERANS PREFERENCE POINTS APPLICATION

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

Branch of Service: \_\_\_\_\_ Period of Active Duty: From: \_\_\_\_\_ to \_\_\_\_\_

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

Date of Final Discharge: \_\_\_\_\_ Service No.: \_\_\_\_\_

Are you receiving or eligible for a military pension? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Preference requested: \_\_\_\_\_ Veteran \_\_\_\_\_ Disabled Veteran  
\_\_\_\_\_ Spouse of Disabled Veteran \_\_\_\_\_ Spouse of Deceased Veteran

Your Preference Points application cannot be considered without supporting documentation (see instructions above). **If the supporting documentation is not attached, it will be not be considered for any points.**

Supporting documentation: \_\_\_\_\_ is attached \_\_\_\_\_ will be submitted within 7 days of application deadline.

**APPLICANT NAME:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**5 points** \_\_\_\_\_