City of Mountain Lake

Date Received: _____

The City of Mountain Lake welcomes you as an applicant for employment.

It is the policy of the City of Mountain Lake to provide equal opportunity to all employees and applicants for employment. The City of Mountain Lake will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, or status with regard to public assistance. Our employment decisions are made on the basis of individual ability and merit. Upon request, accommodations will be provided to applicants in accordance with American with Disabilities Act (ADA). Please call (507) 427-2999.

Applicant's Last Name _____ **First** _____ **Middle** _____

Position Applying For: _____

Employment Application

APPLICATION INSTRUCTIONS:

To ensure that your application will be accurately processed, please review the following:

(1) Please print or type when completing this form.

(2) Complete a separate application form for each position opening you apply for, following instructions completely and signing your application where required.

(3) Be specific and complete when filling out the Employment History section. Application forms that are incomplete will be removed from further consideration. If additional space is needed to complete your employment history, you may make copies of that page. A résumé may be attached to the completed application.

(4) Applications must be received at City Hall by the advertised closing date and time. When the stated deadline is past, all applications will be reviewed and evaluated to determine how well each applicant is suited for the position opening.

(5) Interviews will be conducted by the appropriate department head and/or the City Council. Others may be involved as needed. After discussion, they will select the best applicant for the position.

(6) The City Administrator's Office will inform the successful applicant and arrange a starting date. Applicants will be notified by mail that the position has been filled.

(7) The City of Mountain Lake strongly encourages employees to live within the City they serve.

RETURN COMPLETED APPLICATION FORM TO:

City Administrator's Office
City of Mountain Lake
930 3rd Ave., P.O. Box C
Mountain Lake, MN 56159

Telephone: (507) 427-2999

☎ If you have any questions concerning completion of your employment application or the employment procedures for the City of Mountain Lake, please call the City Administrator's Office.

The City of Mountain Lake Economic is an Equal Opportunity Employer

▼ TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Mountain Lake is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not the public. The personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Mountain Lake. All data collected is considered private except for the following:

      (1)   Your veteran's status.

      (2)   Relevant test scores.

      (3)   Your rank on our eligibility list.

      (4)   Your job history.

      (5)   Your education and training.

      (6)   Your work availability.

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of the City of Mountain Lake. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment that is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the City of Mountain Lake in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Mountain Lake to monitor protected class employment and to meet federal, state, and local reporting requirements.

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

Applicant's Printed Name: _____

Applicant's Signature: (X) _____ Date: _____

▼ PERSONAL INFORMATION

NAME / ADDRESS / PHONE:

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Between hours of _____ and _____

Telephone: _____ Between hours of _____ and _____

Email: _____

Are you under 18 years of age? .... ☐ No ☐ Yes

If so, are you 16 years of age or older? .... ☐ No ☐ Yes

EDUCATION

Educational Institution	Name and Address of Institution	Course (Major/Minor)	Level of Education	Did you Graduate (Y/N)	List Diploma or Degree Awarded
High School					
College					
College					
Other (Specify)					

DRIVER'S LICENSE

(Only complete this section if a driver's license is required for the position you are applying for.)

Driver's License # _____ License Class (A, B, C, D) _____

State in which license is issued: _____ Expiration Date: _____

OTHER LICENSES & CERTIFICATES

Please list any other licenses, registrations, or certifications that are required or pertinent to the position you are applying for. If this licensing, etc., is required for the position, and you fail to include a photocopy of it with your application form, your name will be removed from further consideration for the position. If this licensing is not required for the position, but you feel it is relevant and may be an item for which we are awarding points, please indicate below for credit to be awarded.

Type of License or Certificate	Licensing Agency	Expiration Date	License Number
★★ Attach a copy of each license or certificate ★★			

▼ EMPLOYMENT HISTORY

- The City of Mountain Lake uses a 100-point system to assign value to the experience and training that relates most closely to the position you are applying for. Your experience and training will be scored using the experience and training value system designed for this position. Those applicants (typically the top 6 to 8) with the highest number of total points will be advanced for additional consideration.

- In order to receive the correct points and credit for the knowledge and skills you have acquired, it is absolutely necessary that you are specific when describing these skills. Do not use a single general statement to describe the duties you have performed. List each major duty performed for each position held within the past five years. Whether you are describing your experience as a clerical worker or a truck driver, list each duty separately and be specific. Describe duties in specific terms, such as "performed word processing using Word," or "operated forklift, front end loader, and back hoe." Statements such as "performed general clerical work" or "operated heavy equipment" are too general.

- Please be specific in stating the dates of employment and number of hours you worked per week for each job experience indicated. We need this information to properly score your experience. If hours worked per week vary, please use the average number of hours worked per week.

- Complete the boxed in "Length of Employment" section only for positions held within the past five years, but please do include all of your relevant work experience in the Employment History section.

- Please give accurate and complete information. List your present or most recent experience first.

★ DO NOT MARK YOUR APPLICATION "Please see resume." ★

PRESENT OR MOST RECENT EMPLOYER

Employer:_____ May we contact this employer? ☐ No ☐ Yes

Employer Address: _____

Employer Phone Number: _____

Supervisor's Name & Title: _____

Your Job Title: _____Average Number of Hours Worked per Week: _____

Numbers and types of positions you supervised: _____

Reason for Leaving: _____

Your Duties & Responsibilities: _____

_____

_____

_____

Dates of Employment:

If **less** than 5 years ago, indicate dates of employment: _____ to _____
                                                                    (month & year)   (month & year)

If **more** than 5 years ago, only indicate how long you worked there: _____ years _____ months

PREVIOUS EMPLOYER

Employer: _____ May we contact this employer? ☐ No ☐ Yes

Employer Address: _____

Employer Phone Number: _____

Supervisor's Name & Title: _____

Your Job Title: _____ Average Number of Hours Worked per Week: _____

Numbers and types of positions you supervised: _____

Reason for Leaving: _____

Your Duties & Responsibilities: _____

_____

_____

_____

Dates of Employment:

If **less** than 5 years ago, indicate dates of employment: _____ to _____
                                      (month & year)   (month & year)

If **more** than 5 years ago, only indicate how long you worked there: _____ years _____ months

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PREVIOUS EMPLOYER

Employer: _____ May we contact this employer? ☐ No ☐ Yes

Employer Address: _____

Employer Phone Number: _____

Supervisor's Name & Title: _____

Your Job Title: _____ Average Number of Hours Worked per Week: _____

Numbers and types of positions you supervised: _____

Reason for Leaving: _____

Your Duties & Responsibilities: _____

_____

_____

Dates of Employment:

If **less** than 5 years ago, indicate dates of employment: _____ to _____
                                      (month & year)   (month & year)

If **more** than 5 years ago, only indicate how long you worked there: _____ years _____ months

PREVIOUS EMPLOYER

Employer:_____ May we contact this employer? ☐ No ☐ Yes

Employer Address: _____

Employer Phone Number: _____

Supervisor's Name & Title: _____

Your Job Title: _____Average Number of Hours Worked per Week: _____

Numbers and types of positions you supervised: _____

Reason for Leaving: _____ _____

Your Duties & Responsibilities: _____

_____

_____

_____

Dates of Employment:

If **less** than 5 years ago, indicate dates of employment: _____ to _____
                                                            (month & year)   (month & year)

If **more** than 5 years ago, only indicate how long you worked there: _____ years _____ months

▼ PROFESSIONAL REFERENCES

List people who know you well, preferably from a work environment and not an acquaintance or relative.

Name_____ Address_____

Home Phone_____ _____

Work Phone _____ Occupation _____

Name_____ Address_____

Home Phone_____ _____

Work Phone _____ Occupation _____

Name_____ Address_____

Home Phone_____ _____

Work Phone _____ Occupation _____

▼ EMPLOYEE CERTIFICATION

Before signing this application, please read the following waiver carefully.

(1) I have read and understand the job announcement for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge.

(2) I authorize all current and previous employers to release job-related information upon the written request of the City of Mountain Lake. However, I understand that if, in the Employment History section, I have answered "No" to the question, "May we contact this employer?," contact with the employer will not be made without my specific authorization.

(3) I authorize the City of Mountain Lake to verify all information on this application to determine whether or not I am qualified for the position for which I am applying.

(4) I understand that providing false information on this application may result in dismissal from any position gained on the basis of that false information.

Applicant's Printed Name: _____

Applicant's Signature: (X) _____ Date: _____

▼ BEFORE YOU SUBMIT YOUR APPLICATION, HAVE YOU . . . . .

☑ Thoroughly read this entire application with special attention to the Tennessen Warning?

☑ Signed this application in all the required places? This application will not be accepted without all necessary signatures.

- Tennessen Warning
- Claim for Veteran's Preference, if applicable
- Employee Certification

☑ Provided sufficient information so that proper credit for training and experience are given?

☑ Completed the claim for Veteran's Preference if applicable to you? Also, a copy of your Form DD214 must be submitted at the time of application to determine your eligibility for points.

☑ Included copies of all required licensing and/or certifications?

▼ CLAIM FOR VETERAN'S PREFERENCE

The eligibility requirements for veteran's preference are listed below. Read them carefully to see if you qualify. If you do wish to receive preference, be sure to complete this section. Providing the information in this section is voluntary. You must do so if you wish to obtain the preference.

Veteran Eligibility for Open Competitive Position (5 Points)
Must be a U.S. Citizen or resident alien who has separated under honorable conditions:
    (1) After serving on active duty for 181 consecutive days, or
    (2) By reason of disability incurred while serving on active duty.

Disabled Veteran Eligibility for Open Competitive Position (10 Points)
Must have a compensable service connected disability as adjudicated by the United States Veteran's Administration or by the Retirement Board of the several branches of the armed forces and the disability must exist at the time preference is claimed.

Disabled Veteran Eligibility for Promotional Position (5 Points)
Must, at the time of election to use preference, be entitled to disability compensation for a permanent service-connected disability rated at 50% or more and the position for which you are applying must be the first promotion after entering public employment.

Eligibility as a Spouse of a Deceased or Disabled Veteran
Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who, because of a disability, is unable to qualify for the particular position due to his/her disability and who would have or does meet the criteria for one of the above-listed preferences.

<u>ALL APPLICANTS CLAIMING VETERAN'S PREFERENCE MUST ATTACH A COPY OF HIS/HER FORM DD214. FAILURE TO DO SO MAY RESULT IN LOSS OF VETERAN'S PREFERENCE ELIGIBILITY.</u>

City of Mountain Lake Veteran's Preference Claim Form

For V.A. Use Only: Is the veteran named below rated as having a compensable service-related disability?

☐ No ☐ Yes % of Disability _____ By _____ Date _____

Name of Veteran (last – first – middle)

Name of Applicant – if different than veteran (last – first – middle)

Address   City   State   Zip

Classification

To Be Completed by Veteran or Spouse of Deceased Veteran

(1) Are you a U.S. Citizen or resident alien?...☐ No ☐ Yes
(2) Were you honorably discharged from military service? ....☐ No ☐ Yes
(3) Were you separated from military service after serving active duty for at least 181 consecutive days?.........☐ No ☐ Yes
(4) Do you currently have a compensable service-related disability? ....☐ No ☐ Yes
(5) Branch of Service _____ Date of Discharge _____ Serial Number_____
    Type of Separation _____ Date of Entry _____
    For spouse of deceased veteran, date of death _____

If Spouse of Disabled Veteran, please answer the following:
If spouse is disabled, please explain why your spouse does not qualify for this position: _____

Claim Number (if disabled)   State Claim is Filed In

(X) _____

    Signature of Veteran   Social Security Number   Date

The City of Mountain Lake needs your cooperation in the completion of this form. It will enable the City to report accurate information to both the State and Federal governments.

▼   AFFIRMATIVE ACTION APPLICANT INFORMATION

To All Applicants:

The following information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. The information will **not** be maintained in personnel files and it will not be made available to any person involved in decisions affecting an individual's appointment or promotion to a position. Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the recruitment and selection of employees for public service.

Position Applying For: _____

Department: _____

Instructions: Check the choice that answers each of the following questions.

(1)   What sex are you?   ☐ Male   ☐ Female

(2)   Of the following, of what racial/ethnic group do you consider yourself?

_____ American Indian/Alaskan Native
_____ African American
_____ Asian and Pacific Islander
_____ Spanish or Mexican American
_____ White
_____ Other _____

(3)   Do you have a disability?   ☐ No   ☐ Yes

(4)   How did you learn about this job opening?

_____ City Website
_____ Mountain Lake Observer/Advocate
_____ Mankato Free Press
_____ Minority or Female Publication/Organization
_____ Post-secondary school
_____ League of MN Cities Website
_____ City Employee
_____ Minnesota Job Bank
_____ Minneapolis Star Tribune
_____ Walk-In
_____ Posting in City Hall
_____ Other (be specific): _____