Return To:
City of Long Lake
450 Virginia Avenue
PO Box 606
Long Lake, MN 55356
Phone: (952) 473-6961

DATE RECEIVED BY CITY
RECEIVED BY

City of Long Lake
EMPLOYMENT APPLICATION

All persons are welcome to apply with the City. Your application will be considered in competition with others for the position in which you are interested. Please furnish complete information as outlined in this application. Submission of an incomplete application disqualifies you from consideration for employment.

All information contained in or connected with this application will be considered for use only in conjunction with your possible employment with the City. You are encouraged to attach any additional information that you believe qualifies you for this position for which you are applying.

The City fully endorses recruitment and selection based upon merit criteria. To this end, all candidates regardless of race, color, creed, religion, national origin, marital status, status with regard to public assistance, sexual orientation, sex, age or disability are invited to apply.

PLEASE PRINT OR TYPE IN INK

Personal Information

Last Name	First Name	Middle Name/Initial	Social Security Number

Present Permanent Address	City	State	Zip Code

Date of Application	Home Phone	Daytime / Business Phone

Are you at least 18 years old? ☐ YES ☐ NO **If not, provide date of birth (mm/dd/yy) :**	**May we contact you at work?** ☐ YES ☐ NO

Are you willing to work overtime if necessary? ☐ YES ☐ NO

Are you a United States citizen OR if not, do you have permission to work in this country? ☐ YES ☐ NO

Work Preference

Position Applied For			
Work Status Desired	☐ FULL TIME	☐ REGULAR	☐ SEASONAL
	☐ PART TIME	☐ TEMPORARY	☐ INTERNSHIP

Annual Salary Desired	Date Available

Education & Training

Last Grade Completed (Please Circle)	High School	College	Graduate School
	9 10 11 12	13 14 15 16	1 2 MA PHD JD

SCHOOLS

Type	Name/Location	Qtr/Sem Credit Total	Degree or Certificate	Major/Minor
College/ University				
College/ University				
Graduate				
Vocational				
Other				

Summarize Additional Related Coursework and Training Completed

MEMBERSHIP IN CIVIC, PROFESSIONAL, SOCIAL OR OTHER ORGANIZATIONS

Include offices held. Exclude organizations including race, creed, color, religion, gender, sexual orientation, national origin, marital status, political affiliation, age or disability in their name or charter.

Organization	Position Held	Dates Participated	Skills Learned

SPECIAL SKILLS

Can you operate a computer?	Please list software.

List other office equipment you can operate.

Do you have experience in a skilled trade? If so, please describe the extent/nature.

List any relevant equipment you are trained or licensed to operate.

Do you hold Trade/Professional licenses? If so, please list and provide a photocopy.

Employment History

List most recent employer first (attach additional sheets as necessary).

Current Employer			Address	
Supervisor Name	Position		Telephone Number	
Position	Dates Employed (Month/Year) From To		Hours Worked/Week	Last Salary
Number and Type of Positions You Supervised				
Principal Responsibilities				
Reason for Leaving			May we contact this employer? ☐ YES	☐ NO

Employer			Address	
Supervisor Name	Position		Telephone Number	
Position	Dates Employed (Month/Year) From To		Hours Worked/Week	Last Salary
Number and Type of Positions You Supervised				
Principal Responsibilities				
Reason for Leaving			May we contact this employer? ☐ YES	☐ NO

Employer			Address	
Supervisor Name	Position		Telephone Number	
Position	Dates Employed (Month/Year) From To		Hours Worked/Week	Last Salary
Number and Type of Positions You Supervised				
Principal Responsibilities				
Reason for Leaving			May we contact this employer? ☐ YES	☐ NO

Employer			Address	
Supervisor Name	Position		Telephone Number	
Position	Dates Employed (Month/Year) From To		Hours Worked/Week	Last Salary
Number and Type of Positions You Supervised				
Principal Responsibilities				
Reason for Leaving			May we contact this employer? ☐ YES	☐ NO

General Information

Briefly state why you are interested and why you feel you are qualified for this position _____

_____

_____

Do you presently have a valid Driver's License? ☐ **YES** ☐ **NO**

License Number	Expiration Date	State of Issuance	Class

If relevant, list other current licenses, registrations or certificates you have, including dates of issuance and expiration _____

_____

_____

CONVICTION INFORMATION – No person shall be disqualified from public employment solely or in part because of a prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate(s) to the position of employment sought. In determining if a conviction directly relates to the position of public employment sought, the hiring authority shall consider the requirements of Minnesota Statutes Chapter 364. Final applicants will be subject to a background investigation.

Since the age of 18, have you been convicted of a crime for which a jail sentence could have been imposed? ☐ **YES** ☐ **NO**

If yes, list dates and places.

References

Please provide the names of three persons (not related to you) whom we may contact regarding your work habits and qualifications.

Name / Occupation or Relationship	Address	Phone Number

Important Notice to All Applicants / Applicant Signature & Acknowledgement

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City during the application process or during employment. Any information about yourself that you provide to the City during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the in formation requested in the Employment Application if you wish to be considered for employment. If you do not supply the information requested, it may mean that your application is not considered.

The information may be provided to:

1) Persons authorized to have access to the information under State or federal law; and
2) Persons authorized by court order to have access to the information; and
3) Persons to whom you consent in writing to have access to the information. All individuals in the City who need to know the information will have access.

I authorize and consent to having City representatives make inquiries about me if I am to be considered for employment.

Former employers are authorized to give information about me in any form, oral or written. They are hereby released from all liability for issuing such information. I hereby knowingly waive any privileges, including protection under the Data Practices Act, that I have as to such information.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed.

Applicant's Signature _____ ***Date*** _____

CITY OF LONG LAKE

My signature on the line above confirms that I have read and understand the authorization and notice to applicants set forth above. I recognize that my failure to sign, accurately complete or attempt to falsify information in this application will automatically disqualify me from consideration for employment.

Consent to Obtain Data

City of Long Lake
450 Virginia Avenue, PO Box 606
Long Lake, MN 55356
Phone / 952.473.6961

INFORMED CONSENT

GENERAL AUTHORIZATION AND RELEASE PURSUANT TO MINNESOTA DATA PRACTICES ACT

I hereby authorize and grant my informed consent to permit the release of data to the Police Department serving the City of Long Lake, Minnesota; the City of Long Lake, and/or its agents and/or representatives data classified as private which concerns me and may be in your possession. The data which I authorize to be released consists of private data as defined by Minnesota Statutes 13.04, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency.

I authorize the Police Department to disclose to the Long Lake City Administrator, City Clerk and the City Council all information collected as a result of the background investigation conducted for the purpose of evaluating the license or employment application I have made; and furthermore, I understand this information may be discussed at a public meeting during review and consideration of my application. I recognize that failure to provide this release will result in a denial of my application.

By signing this authorization, I hereby release the Police Department serving the City of Long Lake and the Bureau of Criminal Apprehension from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City of Long Lake from any and all liability for its receipt and use of data received pursuant to this consent.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Long Lake or to you of that fact.

APPLICANT SIGNATURE **DATE**

APPLICANT INFORMATION

PLEASE PRINT CLEARLY IN INK OR TYPE

FIRST NAME MIDDLE LAST

ADDRESS CITY / STATE / ZIP

PHONE EMAIL ADDRESS

APPLICANT DATE OF BIRTH PLACE OF BIRTH

DRIVER'S LICENSE NUMBER (PLEASE NOTE STATE OF ISSUANCE IF OTHER THAN MN)

APPLICANT INFORMATION – CONTINUED FROM PREVIOUS

PRIOR RESIDENCE INFORMATION: LIST FORMER HOME ADDRESS(ES) FOR THE PAST 10 YEARS

_____ - FROM _____ TO _____
ADDRESS / CITY / STATE / ZIP

_____ - FROM _____ TO _____
ADDRESS / CITY / STATE / ZIP

_____ - FROM _____ TO _____
ADDRESS / CITY / STATE / ZIP

REASON FOR AUTHORIZATION TO OBTAIN DATA

[ ] Application for City Employment – Position Applying For _____

[ ] Application for City License – Type of License _____

Application for Veterans Preference Points

City of Long Lake
450 Virginia Avenue
PO Box 606
Long Lake, MN 55356
Phone: (952) 473-6961

Eligibility & Instructions

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 43A.11. To be eligible for veterans preference points, you must:

> *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.*

The information you provide on this form will be used to determine your eligibility for veterans preference points. You are not required to supply this information, but we cannot award veterans points without it.

INSTRUCTIONS

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 the position for which you are applying when you do submit the documents. All documentation must be received no later than seven (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: _____ 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 SUBMITTED WITHIN SEVEN (7) DAYS OF DEADLINE