

CITY OF MAPLE LAKE

Employment Application



APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No. <i>(optional)</i>		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?	
				YES	NO
Have you ever worked for this company?		YES	NO	If so, when?	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	YES	NO	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

CRIMINAL HISTORY INQUIRY
Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you from employment; however, conviction of a crime related to this position may result in your being rejected for this position).
YES NO
If "YES," explain:

DISABILITY INQUIRY
Employment is contingent upon the applicant successfully performing the essential functions of the job. The Position Description explains the essential functions and the knowledge, skills, and abilities required to perform those functions. If you have any questions, please make contact with the City Clerk.
Do you request a special test accommodation?
YES NO
If "YES," explain:

DRIVER'S LICENSE

Do you have a valid Class D Driver's License?

YES ____ NO ____

DRIVING RECORD

Do you have a clean driving record?

YES ____ NO ____

If "NO," explain: _____

MILITARY SERVICE

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

VETERAN'S PREFERENCE POINTS

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 preference points, you must: 1) Be separated under honorable conditions from any branch of the armed forces of the United States after having served an 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 veteran's 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.

Veteran's 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: _____

Are you receiving or eligible for a military pension?

YES NO

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 7 days of application deadline

AFFIRMATIVE ACTION

The following information is requested to enable the City of Maple Lake in determining whether our selection processes result in unfair discrimination, and to take affirmative action in our hiring. This information is requested pursuant to Minn. Stat. 43A11. You are not required to answer these questions; however, if you fail to do so, we may be unable to give you appropriate credit for your qualifications.

- 1. Did you serve in the military service of this country and separate 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?
YES NO
- 2. If your answer is "YES," are you a permanent resident of Minnesota?
YES NO
- 3. Are you disabled and/or handicapped? "Disability/handicapped" is defined as "a handicapping condition which substantially limits one of life's major activities such as walking, caring for yourself, seeing, hearing, speaking, performing manual tasks, breathing, learning, working. Do not answer "YES" to this questions if, for example, you have a visual problem corrected by glasses.
YES NO
- 4. If your answer to number 3 was "YES," do you have needs which may necessitate accommodations in the application or interview process?
YES NO
- 5. If your answer to number 4 was "YES," describe the type of accommodations.

I certify that the information provided in this application is true and complete to the best of my knowledge and belief. I understand that false information may result in my immediate termination from further consideration for, or employment by, the City of Maple Lake.

Signature	Printed Name
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APPLICANT FLOW 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 individual personnel files and will not be made available to any person involved in decisions affecting an individual's appointment or promotion to any 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 Applied For: _____

Instructions: Check the choices that best answer each question.

- 1. What is your gender: 2. To which racial/ethnic group do you belong?

 _____ Male _____ Female
- 3. Do you have a disability or handicapping condition which substantially limits one of life's major activities?
 NO Epilepsy Diabetes
 Blind Amputee Cardiac
 Deaf Paralysis Other

4. Did you serve in the military service of this country and separate 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 on active duty; or are you the spouse of a deceased or disabled veteran? YES NO (Attach DD/214).

5. How did you learn about this job opening? _____

AUTHORIZATION AND RELEASE

I, the undersigned Applicant, hereby authorize and grant my informed consent to permit you to release and make available to the City of Maple Lake, its agents and representatives all public, non-public and private data, as defined by Minn. Stat. 13.02, Subd. 12, which has been or will be collected by you as a result of my contacts and associations with you, your agents and 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 understand that the purpose of permitting the City of Maple Lake to have access to this information is to determine my suitability for employment with the City, including verification of my records and analysis by consultants to the City, who may review my suitability for employment.

I understand that I may refuse to provide this authorization. However, failure to do so will prevent me from being eligible to receive a job offer.

This authorization shall be valid for a period of one year. I may cancel this written authorization by providing written notice to the City Clerk.

I also acknowledge that a photocopy of this Authorization and Release may be used in lieu of an original, and that photocopy shall be considered as valid as the original.

Signature

Printed Name

DISCLAIMER AND SIGNATURE

You have been requested to provide information about yourself as part of this application process. The purpose and intended use of this data is to enable the City to evaluate your suitability for employment. You may refuse to provide any or all requested data; however, failure to provide requested information may result in a lower score or may result in the City declining to extend an offer of employment. The information you provide will be reviewed by City staff and consultants. Some information on applicants for public employment is available to the general public, pursuant to the Minnesota Data Practices Act, Chapter 13.43. All materials submitted become the property of the City and are not returnable. You should NOT submit an original document if it is your only copy. Unless otherwise stated in the application materials, photocopies of documents are acceptable.

Providing false information in any part of this application process may result in immediate dismissal from any position gained on the basis of that information.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Printed Name

Date

Signature