



EMPLOYMENT APPLICATION

PLEASE RETURN COMPLETED FORM TO:
 City of Le Sueur • 203 S 2nd St • Le Sueur, MN 56058
 Phone: 507-665-6401 • Fax: 507-665-3813

FOR OFFICE USE ONLY

Application Number:
 Date Received:

The City of Le Sueur is an Equal Opportunity Employment employer.

It is the policy of the City of Le Sueur to provide equality in employment to all persons. This policy expressly prohibits discrimination because of race, creed, color, religion, national origin, sex, sexual orientation, marital status, familial status, status with regard to public assistance, disability, membership or activity in a local human rights commission, age, or any other basis protected by law, except where there is a bona fide occupational qualification. This policy applies to all phases of employment including, but not limited to: recruitment, hiring, placement, promotion, demotion, transfer, layoff, recall, discharge, rates of pay or other forms of compensation, and selection for training. This policy also applies to the use of all facilities and participation in all city-sponsored employee activities.

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 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 us at 507-665-6401.

— PLEASE PRINT CLEARLY OR TYPE —

Title of Specific Position For Which You Are Applying:		Today's Date:	Date Available For Work:
Last Name:	First Name:	Middle Name:	
E-mail address:			
Residence Street Address:		City, State and ZIP Code:	
Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state date of birth _____			
Home Telephone: Cell Phone:		Work Telephone: May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you be able to present documents to the City establishing your identity and authorization to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any close relatives employed by the City of Le Sueur? (child, spouse, sibling, parent, grandparent or step parent) <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, relationship to you: _____ By which department are they employed: _____	
Employment Condition Desired (check one): <input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Regular Part-Time <input type="checkbox"/> Seasonal/Temporary Full-Time <input type="checkbox"/> Seasonal/Temporary Part-Time		Have you previously been employed by the City of Le Sueur? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date(s) _____ Position _____	

Education

Education: Did you graduate from high school or receive a GED? Yes No

How many years of education have you completed? (enter one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Type of School	Name and Location	Major/Minor Areas of Study	Degree/Diploma Received
High School			
Trade/Business/ Vocational			
Undergraduate Studies			
Graduate Studies			
Apprenticeship(s) Served or Trade Learned			

Skills / Training / Licenses / Professional Membership

If position involves driving, please indicate whether you have any of the following licenses.

Class A No. _____ Class C No. _____
 Class B No. _____ Class D No. _____
 State: _____ Expiration Date: _____

List any first aid and/or CPR training and certifications you currently hold, include the date first issued and expiration date.

List relevant professional memberships, registrations or licenses. Include the date first issued and expiration date.

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

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Power Lawn Mower | <input type="checkbox"/> Graders | <input type="checkbox"/> Chain Saw |
| <input type="checkbox"/> Electronic Cash Register | <input type="checkbox"/> Weed Sprayer | <input type="checkbox"/> Power Weed Trimmer | <input type="checkbox"/> Dump Truck |
| <input type="checkbox"/> Multi-Line Telephone | <input type="checkbox"/> Tractor | <input type="checkbox"/> Street Sweepers | |
| <input type="checkbox"/> 10-Key | <input type="checkbox"/> Loaders | <input type="checkbox"/> Riding Lawn Mower | |
| <input type="checkbox"/> Other: _____ | | | |

List the computer programs you are proficient in and indicate the number of years of experience you have with each:

Employment and Military History

Work and Military Experience: (Experience and ratings are determined by this information; please be complete.) List complete employment history, with most recent first. If you list any employment or military history prior to 5 years from the date you complete this application, do not list the dates of employment or military duty; however, do indicate the total number of years and months you were employed or in the military. Include paid and unpaid experience. DO NOT USE "SEE RÉSUMÉ" OR SIMILAR. Attach additional sheets if needed.

Employer/Military Branch:	Length of Employment
Address:	From (Month/Year): _____
Phone Number:	To (Month/Year): _____
Supervisor:	Total (Years/Months): _____
Your Title:	Hours Worked Per Week: _____
Supervisor's Title:	Last Salary: _____
Number of Positions You Supervised:	
Principal Responsibilities (be complete):	

Employer/Military Branch:	Length of Employment
Address:	From (Month/Year): _____
Phone Number:	To (Month/Year): _____
Supervisor:	Total (Years/Months): _____
Your Title:	Hours Worked Per Week: _____
Supervisor's Title:	Last Salary: _____
Number of Positions You Supervised:	
Principal Responsibilities (be complete):	

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Principal Responsibilities (be complete):	

Conviction Information

364.021 PUBLIC AND PRIVATE EMPLOYMENT; CONSIDERATION OF CRIMINAL RECORDS. (a) A public or private employer may not inquire into or consider or require disclosure of the criminal record or criminal history of an applicant for public employment until the applicant has been selected for an interview by the employer or, if there is not an interview, before a conditional offer of employment is made to the applicant.

181.951 Authorized Drug and Alcohol Testing.

Subdivision 1. Limitations on testing.

(a) An employer may not request or require an employee or job applicant to undergo drug and alcohol testing except as authorized in this section. (b) An employer may not request or require an employee or job applicant to undergo drug or alcohol testing unless the testing is done pursuant to a written drug and alcohol testing policy that contains the minimum information required in stat.181.952; and, is conducted by a testing laboratory which participates in one of the programs listed in stat.181.953.1, subdivision 1. (c) An employer may not request or require an employee or job applicant to undergo drug and alcohol testing on an arbitrary and capricious basis.

Subdivision 2. Job applicant testing.

An employer may request or require a job applicant to undergo drug and alcohol testing provided a job offer has been made to the applicant and the same test is requested or required of all job applicants conditionally offered employment for that position. If the job offer is withdrawn, as provided in stat.181.953.11, subdivision 11, the employer shall inform the job applicant of the reason for its action. The City of Le Sueur has adopted a Drug and Alcohol Testing policy. The City of Le Sueur's Drug and Alcohol Testing Policy is available upon request.

IMPORTANT – READ BEFORE SIGNING

I understand that nothing contained in this application or in the granting of an interview, and no City policies, procedures, or handbooks that I might receive if I am hired, are intended to create an employment contract between the City and me for employment or for providing any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the City unless made in writing and signed and authorized by officials or employees of the City with authority to bind the City. If an employment relationship is established, I understand that, unless otherwise provided in some other binding document, it is "at-will," which means that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and that the City retains the same rights.

I also understand that if I am hired, I will be required to present documents to the City establishing my identity and authorization to work in the United States

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. I agree and understand that any misrepresentations, false statements, or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or result in immediate termination from employment if discovered at a later date.

AUTHORIZATION AND RELEASE

With my signature below, I am providing the City authorization to verify all information I provided within this application packet, including contacting current or previous employers.

As one part of the selection process for employment with the City, the City will be conducting reference checks. I hereby authorize the City to conduct telephone and/or in person interviews with individuals familiar with my professional skills and performance. I understand the City will be contacting both individuals suggested by me and others whom I may not have mentioned.

I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City in writing of any changes to information reported in this application for employment.

DATE AND SIGN BELOW (please do not print):

Date: _____ Signed: _____

References

Please provide the name, address and phone number of three work related references who are not related to you. City staff may contact these references at any point in the selection process.

Name:	Address:	Phone:	Position and relationship to your work:
1.			
2.			
3.			



Equal Employment Opportunity Information

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PLEASE TYPE OR PRINT CLEARLY

SOCIAL SECURITY NUMBER

LAST NAME

FIRST

MI

ADDRESS

CITY

STATE

ZIP

PHONE HOME:

WORK:

JOB TITLE APPLYING FOR

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Le Sueur appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

PLEASE CHECK THE APPROPRIATE BOXES: Gender: Male Female

WITH WHICH RACIAL/ETHNIC GROUP DO YOU IDENTIFY? If the group appropriate for you is not listed, please indicate the one that comes the closest.

- Asian or Pacific Islander
- African American (Black)
- Hispanic
- Native American or Alaskan Native
- Caucasian (White)
- Other (please indicate): _____

American Indian, defined as: "A person of one quarter or more Indian blood." (Minn. Stat. 254.02, subd. 11) The Minnesota Indian Affairs Council suggests that at hire, the employer require persons claiming Indian heritage to provide an enrollment number and tribal affiliation.

A PERSON CAN SHOW THAT HE OR SHE HAS A DISABILITY IN ONE of three ways:

- 1) A person may be disabled if he or she has a physical or mental condition that substantially limits a major life activity (such as walking, talking, seeing, hearing, or learning).
- 2) A person may be disabled if he or she has a history of a disability (such as cancer that is in remission).
- 3) A person may be disabled if he is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if he does not have such an impairment).

Based on the above information, do you claim Disability status? Yes No

Do you need special testing accommodations such as a reader or sign language interpreter? Yes No

Rights as a Subject of Data

Minnesota Statutes 13.01 through 13.87 (1983) on data practices require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: name, home address, home phone number, social security number, gender, racial/ethnic group, disability status and test accommodation information.

This means it is available only to you, state agencies, and officials who have a need for it.

We ask for this data to distinguish you from other applications, to allow us to contact you, to enable us to ensure your rights to equal opportunity, to meet affirmative action goals and to meet federal reporting requirements.

Furnishing social security number, gender, racial/ethnic data, disability status, test accommodation and Veterans preference information is voluntary. Refusal to supply other requested information may mean that your application will not be considered.

If you are interviewed, your name and score are considered public data and may be provided to anyone. All other information you supply on this application, except that described as private above, is public and may be provided to anyone requesting it.



Veteran's Preference

Complete this form only if you are claiming veterans' preference
 NOTE: COPY OF VETERAN'S DD214 MUST BE ATTACHED
 (Veteran is defined by MN Statute 197.447)

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You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on this form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at 651-644-4022 or toll free at 1-877-927-8387.

The City of Le Sueur operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a competitive exam, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having service on active duty for 181 consecutive days, or by reason of disability incurred while serving on active duty, or after having served the full period called or

ordered for federal active duty and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a promotional exam, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing City employment.

NAME (LAST)	(FIRST)	(M)	SOCIAL SECURITY NUMBER	POSITION FOR WHICH YOU APPLIED
ADDRESS (STREET) (CITY) (STATE) (ZIP)			PHONE NUMBER	ARE YOU A CITIZEN OR RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

VETERAN (10 points):

(DD214 or DD215 must be submitted to receive points.)

Honorably discharged veteran YES NO

DISABLED VETERAN (15 points):

(DD214 and USDVA letter or disability rating decision of 10% or more must be submitted to receive points.)

Percent of Disability: _____ %
 Have you ever been promoted in City of Le Sueur employment? YES NO

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

(DD214 OR DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____ Have you remarried? YES NO

SPOUSE OF DISABLED VETERAN (15 POINTS)

(DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

How does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

AFFIDAVIT: I hereby claim Veterans' Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' preference verification documents and submit them to the City of Le Sueur by the required application deadline date.

Date _____ Applicant's Signature _____