

EMPLOYMENT APPLICATION

Le Center welcomes you as an applicant for employment.

We welcome you as an applicant for employment with the City of Le Center. It is the City of Le Center's policy to provide equal opportunity in employment. The City of Le Center 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 guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The City of Le Center 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 City Hall at 507-357-4450.

Applicant's Last Name _____ First _____ Middle _____

Position Applying For: _____

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. 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) Oral Interviews will be conducted by the appropriate department head. Other staff, elected officials and consultants 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 applicant if they are selected to move forward in the hiring process. Applicants that are not selected will be notified by one of the following methods: USPS mail, email, or telephone.

RETURN COMPLETED APPLICATION FORM TO:

City Administrator's Office
City of Le Center
10 West Tyrone Street
Le Center, MN 56057

Telephone: (507) 357-4450

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

◆ PERSONAL INFORMATION

Please print in INK or type when completing this application

Title of position applying for: _____

Are you legally eligible to work in the United States in the position for which you are applying? <i>Proof of citizenship or work eligibility will be required as a condition of employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your continued employment require employer sponsorship?"	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NAME / ADDRESS / PHONE:

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone: _____ Between hours of _____ and _____

Telephone: _____ Between hours of _____ and _____

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)					

Circle the highest grade completed

1 2 3 4 5 6 7 8 Grade School	9 10 11 12 GED High School	13 14 15 16 College/Technical	MA MS PHD JD Graduate
Did you graduate? (Please Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No High School	<input type="checkbox"/> Yes <input type="checkbox"/> No College/Technical	<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:

List any current licenses, registrations, or certificates you possess which may be related to this position:

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

- ◆ 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.
- ◆ List present or most recent employer first. Please note "see resume" is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application.

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: _____

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: _____

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: _____

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: _____

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 _____

◆ VETERAN'S PREFERENCE

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: VETERANS' PREFERENCE POINTS CANNOT BE CONSIDERED WITHOUT SUPPORTING DOCUMENTATION. ATTACH COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE.

DOCUMENTATION MUST BE RECEIVED BY THE APPLICATION DEADLINE OF THE POSTING IN ORDER TO BE CONSIDERED. (VETERAN IS DEFINED BY MINN. STAT. § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other documentation verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, or other documentation verifying service, contact your County Veterans' Service Office.

The City of Le Center 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 awarded 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 served 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, 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 five (5) points. Disabled veterans eligible for such preference may use the five points preference only once when applying for the first promotion after securing public employment.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214, or other documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

Name (Last)	(First)	(MI)	Position For Which You Applied	
Address (Street)			Closing Date:	
(City)		(State)	(Zip)	Phone Number
			Are you a US Citizen or Resident Alien?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

VETERAN (10 points):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points)

Honorably discharged veteran: Yes No

DISABLED VETERAN (15 points):

("Member Copy 4" of DD214, or other documentation verifying service, and USDVA Summary of Benefits Letter of disability rating decision of 10% or more must be submitted to receive points)

Percent of Disability: _____%

Have you ever applied for promotion in public employment? Yes No

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

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate and proof veteran is deceased 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):

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, and US VA Summary of Benefits 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 points 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 Center by the required application deadline.

Signature _____

Date _____

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.447, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien.
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - served on active duty for at least 181 consecutive days, or
 - have been discharged by reason of service-connected disability, or
 - have completed the minimum active-duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service. This copy must state the nature of discharge, i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active-duty service.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, or other documentation verifying service, USDVA verification that veteran died, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of Le Center. Please contact our office at 507-357-4450 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

Applicant Data Practices Advisory

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Le Center. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Second under “Personnel Data” (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran’s status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the City of Le Center, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your work time for payroll purposes: except to the extent that release of time sheet data would reveal employee’s reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience;
- The “complete” terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;

- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the city's Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you is voluntary.

NOTICE REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and retained in the employee's data record.

NOTICE TO MINORS: Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the City of Le Center at 10 W. Tyrone St., Le Center, MN 56057. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**

◆ EMPLOYEE AUTHORIZATION

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the City of Le Center is "at will," and that employment may be terminated by either the City of Le Center or me at any time, with or without notice.

With my signature below, I am providing the City of Le Center authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?", contact with my current employer will not be made without my specific authorization.

I have read the included Applicant Data Practices Advisory, and 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 of Le Center in writing of any changes to information reported in this application for employment.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

Equal Employment Opportunity Information

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 Center appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:

Gender: Male Female

With which racial/ethnic group do you identify?

- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native through Tribal affiliation or community recognition
- Caucasian/White
- Asian
- Native Hawaiian or other Pacific Islander
- Two or more races

Disability status, defined as:

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
- 2) Has a history of a disability (such as cancer that is in remission);
- 3) Is regarded as having such an impairment.

Do you claim disability status? Yes No