

WORK EXPERIENCE:

List your present or most recent work experience first. Include job-related volunteer and/or unpaid experience. List each promotion separately, even though it was within the same organization. For additional work experience, use blank paper and enclose with this application (If you attach additional sheets, include all information requested on the application.) If the hours per week on a job vary, indicate the average number of hours per week. Part-time experience is prorated according to the number of hours worked, using a 40 hour week as the standard for full-time work. Your eligibility for this position will be determined by the information you provide. Complete all sections of each employment block. APPLICATION MAY BE REJECTED IF INCOMPLETE.

1. Employer:		Dates of Employment:	Describe duties:		
Address:					
Telephone:					
Job Title:	Supervisor:				
Reason for leaving:		Hours per week:			
Salary:		May we contact for reference?			
Beginning:	per	Ending:	per	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Employer:		Dates of Employment:	Describe duties:		
Address:					
Telephone:					
Job Title:	Supervisor:				
Reason for leaving:		Hours per week:			
Salary:		May we contact for reference?			
Beginning:	per	Ending:	per	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Employer:		Dates of Employment:	Describe duties:		
Address:					
Telephone:					
Job Title:	Supervisor:				
Reason for leaving:		Hours per week:			
Salary:		May we contact for reference?			
Beginning:	per	Ending:	per	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Employer:		Dates of Employment:	Describe duties:		
Address:					
Telephone:					
Job Title:	Supervisor:				
Reason for leaving:		Hours per week:			
Salary:		May we contact for reference?			
Beginning:	per	Ending:	per	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION:

Name and location of educational facility	Number of years completed	Course of Study	Degree?
High School or GED			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES:

Provide name, address, telephone number and number of years known of three professional references (other than friends or relatives) who are familiar with your work and education qualifications.

Name/Address	Telephone	Number of years known

OTHER ACTIVITIES:

List professional, trade, business or civic activities and offices held. List volunteer or community work relevant to the position for which you are applying. You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

APPLICANT STATEMENT:

1. I certify that all information I have provided in order to apply for and secure work with the employer is true and correct.
2. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to: (i) Cancel further consideration of this application, or (ii) Immediately discharge me from the employer's service, whenever it is discovered.
3. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other person, corporations or organizations for furnishing such information about me.
4. I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.
5. I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. At the conclusion of that time, if I have not heard from the employer and wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.
6. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.
7. I understand that it is my responsibility to notify the City of Lewiston, in writing, of any changes in my availability (hours or location) or my phone number or address.
8. My signature AUTHORIZES the City of Lewiston to secure transcripts from educational institutions to verify credits/degrees and any employment-related information deemed necessary from former employers or professional references.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of Applicant: _____ Date: _____

For Personnel Department Use Only

Arrange for Interview:

Remarks:

Employed:

Date:

Job Title:

Hourly Rate:

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veterans preference points you must:

1. 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; 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.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS YES NO

If you answered yes, your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION

Veteran <input type="checkbox"/> Self <input type="checkbox"/> Spouse	If spouse, veteran's name						
Branch of Service:	Period of Active Duty From: _____ To: _____						
Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service No.:				
Are you receiving or eligible for a military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Preference Requested: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Veteran</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Disabled Veteran</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Spouse of Disabled Veteran</td> <td style="border: none;"><input type="checkbox"/> Spouse of Deceased Veteran</td> </tr> </table>				<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Spouse of Disabled Veteran	<input type="checkbox"/> Spouse of Deceased Veteran
<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled Veteran						
<input type="checkbox"/> Spouse of Disabled Veteran	<input type="checkbox"/> Spouse of Deceased Veteran						

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation: is attached will be submitted within 7 days of application deadline

FOR OFFICE USE ONLY <input type="checkbox"/> 10 points <input type="checkbox"/> 15 points

Tennesen Warning

In accordance with the Minnesota Government Data Practices Act, the City of Lewiston is required to inform you of your rights as they pertain to private information collected from you. Private data is that information which is available to you but not to the public. The personal information we collect about you is private. Minnesota Statutes sections 13.01 to 13.90 on Government Data Practices require that you be informed that the following information which you may be asked to provide on the Application for Employment is considered private data:

1. Name (Your name is considered private until you are certified eligible for employment by the City of Lewiston or considered to be a finalist for a position in public employment.)
2. Home address
3. Home telephone number
4. Social Security number
5. Date of birth
6. Conviction record
7. Sex
8. Age group
9. Disability type

We ask this information for the following reasons:

- to distinguish you from all the other applicants and identify you in the personnel files
- to enable us to verify that you are the individual who makes the application
- to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews
- to determine if you meet the minimum age requirements
- to conduct proper investigations if you are applying for a position
- to enable us to ensure your rights to equal opportunity
- to meet federal and state reporting requirements
- to make processing more efficient

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Lewiston and the policies, rules, and regulations promulgated pursuant thereto. FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUIRED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the City of Lewiston who have a legitimate need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process, which is not designated in this notice as private data.

If you are hired by the City of Lewiston, you will be legally required to supply your Social Security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration, and will enable us to compute your salary deductions. Insurance data which you will be required to furnish in order to participate in the city's health insurance plans will be classified as private as well as payroll deduction data.

In accordance with Minnesota Statue, Chapter 13, I have been informed of and understand my rights as a subject of data.

Print Name

Signature

Date