



# City of Lake Elmo

## Application for Employment

|  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| Position Applied For:                      |                                   | Date:                             |
| How Did You Learn About Us?                |                                   |                                   |
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> Friend   | <input type="checkbox"/> Walk-In  |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Other _____       |                                   |                                   |
| Last Name                                  | First Name                        | Middle Name                       |
| Address                                    |                                   |                                   |
| Telephone                                  | Email                             |                                   |

If you are under 18, and it is required, can you furnish a work permit?  Yes  No

If no, please explain \_\_\_\_\_

Are you legally eligible to work in the United States in the position for which you are applying?  Yes  No  
(Proof of citizenship or work eligibility will be required as a condition of employment)

Will your continued employment require employer sponsorship?  Yes  No

Have you ever filed an application with us before?  Yes  No

Have you ever been employed with us before?  Yes  No

If yes, give dates and positions. \_\_\_\_\_

Date available for work: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Type of employment desired  Full-time  Part-time  Paid-on-call  Temporary  Seasonal  Educational Co-op

Driver's License number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_ Class \_\_\_\_\_

### Special Skills and Qualifications:

Please summarize special job-related skills and qualifications acquired from employment or other experience. Please include any licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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**In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.**

**Employment History:**

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

|  |                   |   |
|--|-------------------|---|
| 1. Employer:   | Length of Service | Work Performed  |
| Address:   |                   |   |
| Telephone:   |                   |   |
| Job Title:   | Supervisor        |   |
| Dates employed:                                      |                   |   |
| Reason for leaving:                                  |                   | May we contact for reference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Salary:<br>Beginning:      per      Ending:      per |                   |   |

|  |                   |   |
|--|-------------------|---|
| 2. Employer:   | Length of Service | Work Performed  |
| Address:   |                   |   |
| Telephone:   |                   |   |
| Job Title:   | Supervisor        |   |
| Dates employed:                                      |                   |   |
| Reason for leaving:                                  |                   | May we contact for reference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Salary:<br>Beginning:      per      Ending:      per |                   |   |

|  |                   |   |
|--|-------------------|---|
| 3. Employer:   | Length of Service | Work Performed  |
| Address:   |                   |   |
| Telephone:   |                   |   |
| Job Title:   | Supervisor        |   |
| Dates employed:                                      |                   |   |
| Reason for leaving:                                  |                   | May we contact for reference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Salary:<br>Beginning:      per      Ending:      per |                   |   |

|              |                   |                |
|--------------|-------------------|----------------|
| 4. Employer: | Length of Service | Work Performed |
| Address:     |                   |                |
| Telephone:   |                   |                |

|                     |            |   |
|---------------------|------------|---|
| Job Title:          | Supervisor |   |
| Dates employed:     |            |   |
| Reason for leaving: |            | May we contact for reference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Salary:             |            |   |
| Beginning:          | per        | Ending: per   |

**Educational Background:**

| Name and Location  | Number of years completed | Course of Study | Degree?   |
|--------------------|---------------------------|-----------------|---|
| High School or GED |                           |                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| College            |                           |                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Other              |                           |                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**References:**

Give name, address and telephone number and number of years known of three references that are not related to you and are not previous employers.

| Name/Address | Telephone | Number of years known |
|--------------|-----------|-----------------------|
|              |           |                       |
|              |           |                       |
|              |           |                       |

**Other Activities:**

List professional, trade, business or civic activities and offices held. You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

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**Note:** This page is only required to be filled out by those applying for positions with the Lake Elmo Fire Department. If you are not applying for a position with the fire department, please continue to the next page.

**IN THE LAST FIVE YEARS HAVE YOU:**

Had any moving violations and/or accidents?  Yes  No

Had your driver's license revoked or suspended?  Yes  No

Been convicted of a DWI/DUI?  Yes  No

Been convicted of a felony?  Yes  No

Been accused or convicted of arson?  Yes  No

**If you answered "yes" to any of the above questions, please explain:**

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(If you need more room, continue on the back of this page)

**List any fire or medical training: (include date completed, and agency providing training)**

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(If you need more room, continue on the back of this page)

# Military Experience

Did you serve in the U.S. Armed Forces?  Yes  No

Describe your duties:

Do you wish to apply for Veterans' Preference points:  Yes  No

If you answered "yes," you must complete the enclosed application for Veterans' Preference points, and submit the application and required documentation to the City of \_\_\_\_\_ by the application deadline of the position for which you are applying.

## Applicant Statement:

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

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.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), 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.

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.

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.

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.

### **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:

# Veterans' 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<sup>1</sup> (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 \_\_\_\_\_ 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, 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 five (5) points. Disabled veterans eligible for such preference may use the five points preference only for the first promotion after securing employment with the City of \_\_\_\_\_.

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) |         |      | (City)                         | (State) (Zip)  |
| Closing Date:    |         |      | 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 letter of disability rating decision of 10% or more must be submitted to receive points)  
 Percent of Disability: \_\_\_\_\_%  
 Have you ever been promoted within the City of \_\_\_\_\_ 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 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):**

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, 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 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 \_\_\_\_\_ by the required application deadline.

Signature \_\_\_\_\_

Date \_\_\_\_\_

<sup>1</sup> A city can probably impose a deadline for the veteran to supply the required documentation, as long as it is reasonable, such as seven days after the application deadline. Thus, some cities will instead language such as; If the documentation is not attached, it must be received in the Human Resources Office no later than seven calendar days after the deadline date for the position.

# Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, 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:
  - i. served on active duty for at least 181 consecutive days, or
  - ii. have been discharged by reason of service connected disability, or
  - iii. 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
  - iv. 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. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.
- 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 on or as a result of active duty, 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 Lake Elmo. Please contact our office at (Insert Cities Phone Number) or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.