

CITY OF SILVER LAKE
308 Main St. W, Silver Lake, MN 55381
320.327.2412

APPLICATION FOR EMPLOYMENT

The City of Silver Lake is an equal opportunity employer and does not discriminate on the basis of race, creed, color, religion, national origin, sex, age, marital status, veteran status, disability or sexual orientation. Individuals are evaluated and selected solely on the basis of merit.

In order to be considered for employment for the City of Silver Lake, a complete application form must be completed. Resumes cannot be substituted, but may be included. Do not mark your application "See Resume". You are encouraged to supply additional documentation such as copies of licenses or certifications. An incomplete application form can reduce your chances for consideration for employment with the City of Silver Lake.

(Please type or print in ink)

TITLE OF SPECIFIC POSITION FOR WHICH YOU ARE APPLYING:	DATE:
<hr/>	
Type of Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/ Temporary	
Salary Desired: _____ Date Available: _____	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL INFORMATION:

Name: _____
Last *First* *Middle*

Address: _____
Street number of Route and Box number (if applicable) *City* *State* *Zip*

Phone: _____ / _____ Email: _____
Home *Daytime/Cell Phone*

Are you Eighteen (18) years of Age or older? Yes No

Have you ever been employed by the City of Silver Lake? Yes No

If yes, list position(s): _____ Dates of Employment: _____

EDUCATIONAL INFORMATION (enclosed copies of diplomas are encouraged but not necessary):

Did you graduate from high school? Yes No

If no, circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

College, Trade or Technical Schools:

<u>Name of School/Location</u>	<u>Areas of Study, Majors, Minors</u>	<u>Degree Earned</u>
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY:

Please give accurate and complete employment information. List your present or most recent employer first. You may make copies of this form and/or enclose additional sheets if needed.

Present or Most Recent Employer

Employer: _____ Phone: _____ Dates of Employment:
Address: _____ From: _____ To: _____
Mo/Yr Mo/Yr
Job Title: _____ Hours per Week: _____
Supervisor Name and Title: _____
Reason for Leaving: _____

Principal Responsibilities:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

First Previous Employer

Employer: _____ Phone: _____ Dates of Employment:
Address: _____ From: _____ To: _____
Mo/Yr Mo/Yr
Job Title: _____ Hours per Week: _____
Supervisor Name and Title: _____
Reason for Leaving: _____

Principal Responsibilities:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Second Previous Employer

Employer: _____ Phone: _____ Dates of Employment:
Address: _____ From: _____ To: _____
Mo/Yr Mo/Yr
Job Title: _____ Hours per Week: _____
Supervisor Name and Title: _____
Reason for Leaving: _____

Principal Responsibilities:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

JOB-RELEVANT VOLUNTEER, UNPAID WORK EXPERIENCE OR OTHER:

<u>Activites (Do not specify Organization)</u>	<u>Hours per month</u>	<u>Number of Months</u>

JOB-RELATED PROFESSIONAL ORGANIZATIONS WITH WHICH YOU BELONG:

JOB-RELATED LICENSES AND CERTIFICATIONS HELD (include number and expiration date):

Do you have a valid driver's license? Yes No If yes, which State? _____ Class _____

TO BE COMPLETED BY APPLICANTS FOR CLERICAL OR MANAGERIAL POSITIONS ONLY:

List office machine experience:

List computer software experience:

TO BE COMPLETED BY APPLICANTS FOR LABOR OR SKILLED TRADES ONLY:

Apprenticeships served or trades learned:

List specific equipment experience:

REFERENCES:

List three (3) persons who you know well and preferably from a work environment. Do not refer to an acquaintance or relative.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF YOU OR YOUR SPOUSE HAVE SERVED IN THE ARMED FORCES, COMPLETE THE ADDENDUM FORM IF YOU WISH TO CLAIM VETERAN'S PREFERENCE.

IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION

Minnesota law affects you as an applicant for employment with the City of Silver Lake. The following data is public information and accessible to anyone: veteran's status, relevant test scores, education and training, job history and work availability. All other personally identifiable information is considered private, included but not limited to your name, home address, telephone number and e-mail. As an applicant your name is considered private unless you are selected to be interviewed prior to selection.

The information requested on the application is necessary either to identify you or to assist in determining your suitability for the position for which you are applying. You may legally refuse to supply information, but refusal to supply the requested information will mean that your application for employment may not be considered.

If you are selected for employment with the City of Silver Lake, the following information will be public: name, actual gross salary, salary range, contract fees, actual gross pension, the value and nature of employer paid fringe benefits, the basis for and the amount of any added remuneration (including expense reimbursement in addition to salary), position title, position description, education and training background, previous work experience, date of first and last employment, the status of any complaints or charges against the employee whether or not the complaint or charge resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation, work location telephone number, badge number, honors and awards received, payroll time sheets or other comparable data entry that are only used to account for an employee's work time for payroll purposes except to the extent that release of time sheet data would reveal the employee's reason for use of sick time or other medical leave or other non-public data, city, and county of residence. Anything not previously listed which is placed in your application folder or your personnel file (such as medical records, letters of recommendation, resumes, etc.) is made private information by law.

I understand that any falsified information or significant omissions on either the application or during any subsequent interview, if chosen, may disqualify me from further consideration for employment and may be justification for dismissal. I authorize investigation of all statements contained in this application or made during the interview for employment as may be necessary in arriving at an employment decision. I further understand that a pre-employment test is required for screening of use of alcohol or any controlled substances and that a negative result of that test is required for my employment even if a job offer is given before the test takes place. All job offers are contingent upon a negative result of the pre-employment testing for alcohol and controlled substances.

Applicants Signature

Date

POLICE AND POLICE RESERVE APPLICANTS ONLY:

In consideration of being permitted to apply for the position herein, I voluntarily assume all risks in connection with my participating in any tests the City of Silver Lake deems necessary to determine my fitness and eligibility, and I release and forever discharge the City of Silver Lake, its officials, officers and employees from any and all claims for any injury or damage that I might sustain.

Applicants Signature

Date

City of Silver Lake

Application for Veterans Preference Points

Eligibility:

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 veteran's 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 veterans points without it.

Instruction:

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 Veterans' DD214 and FL-802 or death certificate.

If you do not include these documents with this application, be sure to include your name and the name of the position for which you are applying when you do submit the documents.

All documentation must be received no later than 7 calendar days after the application deadline for the position for which you are applying.

Veterans Preference Application	
Veteran: <input type="checkbox"/> Self <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a compensable service-related disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of preference requested:	<input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of veteran <input type="checkbox"/> Spouse of disabled veteran
Supporting documentation:	<input type="checkbox"/> is attached <input type="checkbox"/> will be submitted within 7 days of application deadline