8583 Interlachen Road
Lake Shore, MN 56468
218-963-2148

Office Use Only

Date Received: _____

Interview: _____

Date of Interview: _____

Interview Panel: _____

Application for Employment

We welcome you as an applicant for employment with the City of Lake Shore. It is the City of Lake Shore's policy to provide equal opportunity in employment. The City of Lake Shore 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.

Additional testing of job-related skills may be required prior to employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review.

The City of Lake Shore 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 the City Administrator at (218) 963-2148 ext. 2.

Personal Information

Name: (Last)	(First)		(MI)
Street Address:	(City)	(State)	(Zip)
Phone Number: (Home)	(Mobile)		
Email Address:			
Were you previously employed by the City of Lake Shore? **If yes, please provide the position title, and dates of employment.** (Position)	(Dates)		
Some positions require driving, please indicate Driver's License number, state, and class. (Number)	(State)		(Class)

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? *Proof of citizenship or work eligibility will be required as a condition of employment.*	☐ Yes ☐ No
Will your continued employment require employer sponsorship?	☐ Yes ☐ No
Are you at least 18 years old?	☐ Yes ☐ No

Educational Information

Enter or Circle the highest grade completed			
1 2 3 4 5 6 7 8 Select... Grade School	9 10 11 12 GED Select... High School	13 14 15 16 Select... College/Technical	MA MS PHD JD Select... Graduate
Did you graduate: (Please check)	☐ Yes ☐ No *High School*	☐ Yes ☐ No *College/Technical*	☐ Yes ☐ No *Graduate JD*

School Name	**Address**	**Course of study**	**Degree**
High School:			
College:			
Graduate School:			
Technical/Vocational:			
Other:			
Other:			

Employment Experience

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.

Company	Name of last supervisor	Hrs./Week
Address	Start Date	
City, State, Zip	End Date	
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? ☐ Yes ☐ No		

Company	Name of last supervisor	Hrs./Week
Address	Start Date	
City, State, Zip	End Date	
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? ☐ Yes ☐ No		

Company	Name of last supervisor	Hrs./Week
Address	Start Date	
City, State, Zip	End Date	
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? ☐ Yes ☐ No		

Company	Name of last supervisor	Hrs./Week
Address	Start Date	
City, State, Zip	End Date	
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? ☐ Yes ☐ No		

Other Experience, Certifications, Professional Memberships

Describe any unpaid, educational, certifications, professional memberships, or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).

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 Lake Shore by the application deadline of the position for which you are applying.

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 Lake Shore is "at will," and that employment may be terminated by either the City of Lake Shore or me at any time, with or without notice.

With my signature below, I am providing the City of Lake Shore 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 Lake Shore in writing of any changes to information reported in this application for employment.

_____ _____

Signature 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. (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 Lake Shore 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 Lake Shore.

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 Closing Date:	
Address (Street) (City) (State) (Zip)	Phone Number	Are you a US Citizen or Resident Alien? YES ☐ 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 Lake Shore 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 Lake Shore by the required application deadline.**

_____ _____
Signature Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, 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 Shore. Please contact our office at Lake Shore 218-963-2148 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

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 Lake Shore 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 Tribunal 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 ☐

TENNESSEN WARNING
DATA PRIVACY STATEMENT

GENERAL PURPOSES:

In accordance with the Minnesota Government Data Practices Act, the City of Lake Shore (City), is required to inform you of your rights as they pertain to private information collected from you. Private data is the information which is available to you from the City, but is not available to the public. The Personal Information you provide in an employment application about you is generally considered private. If the information the City collects from you is confidential, then even you cannot see the date. This Notice is meant to advise you of how the City will handle your private and confidential information and what rights you have.

USES:

The information we collect from you may be used for one or more of the following purposes:

- To distinguish you from all other applicants or employees and identify you in our personnel files;
- To determine your eligibility for employment or promotion;
- To contact you or other significant persons in an emergency;
- To enroll you and your family members for health insurance;
- To enroll you for pension plans;
- To account for wages paid;
- To justify travel expense reimbursement;
- To account for other employer paid fringe benefits;
- To compile Equal Opportunity and Affirmative Action reports.

LEGAL REQUIREMENTS:

You are not legally required to provide the information the City is requesting. However, if you do not, the City may not be able to determine your eligibility for employment.

DISSEMINATION AND CLASSIFICATION OF INFORMATION:

The Private Data collected by the City will be disseminated and used only when it is required for administration and management of the application process. Persons or committees with whom this information may be shared include:

- Members of City Staff who review the applications;
- The Hiring Committee established by the City to interview applicants and administer the preliminary hiring process;
- City Council Members;
- The City Attorney and their staff if necessary to counsel the City on any issues that may arise;
- Any other State and Federal Government Agencies as required by Law;

The following information on an application will be considered private data on individuals pursuant to the Minnesota Government data practices act: 1.) Your name; 2.) Your home address; 3.) Your home phone number; and 4.) Your Social Security Number. If you are certified as eligible for an employment vacancy, your name will become public data. If you are hired by the City, all information you supply on an employment application will become public, except for your home street address, home phone number, Social Security number and answers given to any questions marked confidential.

YOUR RIGHTS:

You have rights under the Minnesota Government Data Practices Act which include:

- The right to see and obtain copies of the data maintained on you;
- The right to be told the contents and the meaning of the data;
- The right to contest the accuracy and the completeness of the data.

To exercise these rights, contact Teri Hastings, City Administrator, 8583 Interlachen Road, Lake Shore, Minnesota 56468, (218) 963-2148 or thastings@cityoflakeshore.com.

I have read and understand the above information regarding my rights as a subject of government data.

Dated:_____

_____
Applicant's Signature

_____
Applicant, please print name