



126 North Marshall Avenue
Litchfield, MN 55355
(320) 693-7201

Date Received: _____

APPLICATION FOR EMPLOYMENT

Dear Applicant,

We welcome you as an applicant for employment. Your application will be considered with others. It is our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, creed, color, age, religion, gender, marital status, status with regard to public assistance, national origin, physical or mental disability, or affectional preference in all aspects of our personnel policies, programs, practices and operations. This policy applies to full time, part time, temporary and seasonal employment.

The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment. Please furnish us with complete information. You are encouraged to attach any additional information which you believe qualifies you for the position.

EMPLOYMENT DESIRED

Position(s) or kind of work applied for: _____

Permanent _____ Part Time _____ Temporary _____ Seasonal _____

Date available for employment: _____

Have you ever been employed with us before? _____ If Yes, give date _____

PERSONAL INFORMATION

Last Name

First Name

Middle Initial

Address

City

State

Zip

Home Phone Number

Work Phone Number

Are you a citizen of the united states? _____

If you are not, do you have Bureau of Immigration approval to work in the United States? _____

(If hired by the City, you must show proof of eligibility.)

MILITARY SERVICE

Were you in the U.S. Armed Forces? Yes _____ No _____

If Yes, which branch? _____ Rank at Separation _____

Briefly describe your duties _____

EDUCATION

TYPE OF SCHOOL	NAME/ADDRESS OF SCHOOL	NO. OF YEARS	DEGREE	MAJOR/AREA OF STUDY
High School				
College/University				
College/University				
Technical				
Technical				
Other				

List any correspondence courses, special courses, seminars, workshops, training and skills acquired that might relate to this position. Please review the job description before answering this question.

List any current licenses, registrations, or certificates that you possess. Include drivers license number, class and state of issue.

TO BE COMPLETED BY APPLICANTS FOR OFFICE AND ADMINISTRATIVE POSITIONS ONLY

Typing Ability: _____ Yes _____ No _____ WPM

Office Machines, Software and Experience:

TO BE COMPLETED BY APPLICANTS FOR LABOR AND SKILLED TRADE POSITIONS ONLY

Apprenticeships served or trades learned:

Capable of operating the following equipment:

EMPLOYMENT HISTORY

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

Employer:		
Mailing Address:	Telephone:	
Position Held:	From To	Full Time Part Time
Duties Performed:	Immediate Supervisor:	
Last Salary:	Reason for Leaving:	

May we contact your present employer?	_____ Yes	_____ No
If No, please explain:		

Employer:		
Mailing Address:	Telephone:	
Position Held:	From To	Full Time Part Time
Duties Performed:	Immediate Supervisor:	
Last Salary:	Reason for Leaving:	

Employer:		
Mailing Address:	Telephone:	
Position Held:	From To	Full Time Part Time
Duties Performed:	Immediate Supervisor:	
Last Salary:	Reason for Leaving:	

If you need additional space, please continue on a separate sheet of paper.

PERSONAL/PROFESSIONAL REFERENCES Do not include family members

Name	Phone Number	Best Time to Call	Occupation

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that incomplete or inaccurate information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

This employer has the right to verify information provided in this application. False information may subject an applicant to rejection for employment and the penalty provisions of applicable Minnesota Statutes.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Date Received _____

Arrange Interview _____ Yes _____ No _____

Remarks _____

Interviewer

Date

Employed _____ Yes _____ No _____ Date of Employment _____

Job Title _____ Wage _____ Department _____

By _____

Name and Title

Date



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Litchfield, MN 55355

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

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

NAME:	POSITION APPLIED FOR:
ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, your DD214 or other required documentation must be received no later than seven (7) days after the application deadline.	

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: <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 seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

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

Applicant's Signature: _____

Date: _____

For Office Use Only
<input type="checkbox"/> 5 points
<input type="checkbox"/> 10 points

PRIVACY NOTICE TO EMPLOYEES
(Tennessee Warning)

In accordance with the Minnesota Government Data Practices Act, City of Litchfield, is required to inform you of your rights as they pertain to the information we collect about you. The information we collect from you is classified as either private (restricted access, but you can see it) or confidential (even you cannot see the data).

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

Information that you are asked to provide generally is not required by statute. However, it generally is to your benefit to provide it. Federal law, however, mandates agencies to require an individual to provide his/her social security number for tax administration based on section 1211 of the Tax Reform Act of 1976 and also Minnesota Statute, section 270.66.

CONSEQUENCES

If you do not provide the requested information, this agency may not be able to determine your eligibility for employment or promotion, compute your wages, give you fringe benefits you may be entitled to. In addition you may not be able to transport clients in either private vehicles, which may be a requirement of the job.

SHARING INFORMATION

The information this organization collects from you may be routinely shared with the personnel office staff who require the information to do their jobs, accounting/payroll staff, insurance companies, the Internal Revenue Service, the State Departments of Revenue, Finance, Economic Security, Employee Relations, and Labor and Industry.

Furthermore, information may also be shared with other agencies authorized by law to receive specific data relating to:

1. Absent/Non-supporting Parents
2. Worker's Compensation
3. Unemployment Compensation
4. Child/Vulnerable Adult Abuse; Data Privacy; Rule 40
5. County or Private Social Service Agencies
6. The Department of Human Services
7. The Department of Health
8. State and Federal Taxing Agencies

The information on this form applies to your future contacts with this organization whether the contact is in person, by mail, or by phone.

I have read and fully understand the above Tennessee Warning.

Print Name Employee

Signature

Date