

**APPLICATION FOR EMPLOYMENT
 EQUAL OPPORTUNITY EMPLOYER
 CITY OF RICE LAKE**

Date Received _____

Application No. _____

We welcome you as an applicant for employment. Your application will be considered for the position you specify. Qualified applicants are considered for positions without regard to race, color, creed, religion, national origin, affectional or sexual preference, marital status, disability, political affiliations, sex, age, or status with regard to public assistance.

TITLE OR KIND OF WORK APPLIED FOR	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	DATE AVAILABLE
	TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/>	

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	
PRESENT PERMANENT ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	WORK TELEPHONE NUMBER	BEST TIME TO CALL	
E-MAIL ADDRESS	DRIVER'S LICENSE NUMBER	STATE	

IMPORTANT NOTICE TO ALL APPLICANTS

Minnesota law requires that you be informed of the purpose and intended uses of the information you provide to the City of Rice Lake during the application process or during employment. Any information about yourself that you provide during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, it may mean that your application is not considered.

The City may provide the information to:

1. Persons authorized to have access to the information under state or federal law; and
2. Persons authorized by court order to have access to the information; and
3. Persons to whom you consent in writing to have access to the information.

All individuals in the City who need to know the information will have access.

APPLICANT'S STATEMENT

I authorize and consent to having City representatives make inquiries about me if I am to be considered for employment. Former employers are authorized to give information about me in any form, oral or written. They are hereby released from all liability for issuing such information. I hereby knowingly waive any privileges, including protection under the Data Practices Act, that I have as to such information.

I understand that misrepresentation or omission of facts will be cause for cancellation or consideration for employment or dismissal if employed.

I understand that employment is, at minimum, conditioned upon physical exam, criminal background check, and driver's license check. The City may require drug and alcohol testing for all position finalists. A copy of the City's Drug and Alcohol Policy is available upon request from Personnel. I agree to these tests if I receive a conditional offer of employment.

I understand that this authorization may be revoked in writing by me at any time and in no event will it be valid for more than two years from the date below.

 SIGNATURE

 DATE

EDUCATIONAL INFORMATION

CIRCLE HIGHEST GRADE COMPLETED	Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 13 14 15 16	Post Graduate 1 2 MA PHD
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DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED?

NAME AND ADDRESS OF HIGH SCHOOL:

TYPE OF SCHOOL	NAME & MAILING ADDRESS OF SCHOOL	MAJOR	DEGREE?
College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>
College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate			Yes <input type="checkbox"/> No <input type="checkbox"/>
Technical			Yes <input type="checkbox"/> No <input type="checkbox"/>
Technical			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

LIST ANY CORRESPONDENCE COURSES, SPECIAL COURSES, SEMINARS, WORKSHOPS, TRAINING SESSIONS, LICENSES OR CERTIFICATES THAT MIGHT RELATE TO THE POSITION APPLIED FOR:

EMPLOYMENT INFORMATION

LIST A COMPLETE ACCOUNT OF YOUR WORK EXPERIENCE. GIVE YOUR PRESENT OR MOST RECENT EMPLOYMENT FIRST.

EMPLOYING FIRM: _____

ADDRESS: _____

YOUR TITLE: _____

SUPERVISOR: _____ Phone #: _____

SPECIFIC DUTIES

REASON FOR SEEKING OTHER EMPLOYMENT: _____

LENGTH OF EMPLOYMENT

FROM: _____
Month Year

TO: _____
Month Year

TOTAL: _____ Years, _____ Months

HOURS PER WEEK: _____

SALARY: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES: NO:

VETERAN'S PREFERENCE

Are you a veteran? Yes No

Are you claiming veteran's preference for this position? Yes No
(Veteran's preference does not apply to Department Head Positions)

If you are claiming veteran's preference, please check the preference you are claiming:

_____ Veteran - defined as a person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty.

_____ Disabled veteran - a veteran having a compensable service connected disability.

_____ Spouse of a deceased veteran.

_____ Spouse of a disabled veteran who is unable to use the preference.

It is necessary for you to provide a copy of your form DD-214. Disabled veterans must also supply form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply a copy of their marriage certificate, the veteran's DD-214 and FL-802 or death certificate.

Your veteran's preference points cannot be considered without supporting documentation. If the documentation is not attached, it must be received by Personnel no later than 7 calendar days after the deadline date for the position.

Please list any skills acquired in the service which may apply to this position.

CONVICTION INFORMATION

The City of Rice Lake will not automatically reject an applicant who has been convicted of a crime. Before any applicant is rejected, he/she will be notified. This notice will state the reasons for rejection. **DURING THE PAST FIVE YEARS, HAVE YOU BEEN CONVICTED OF A MISDEMEANOR, GROSS MISDEMEANOR, OR FELONY FOR WHICH YOU SERVED A JAIL TERM OR FOR WHICH A JAIL TERM COULD HAVE BEEN IMPOSED?**

Yes No If yes please explain on a separate piece of paper.

City Hall Address:
4107 West Beyer Road
Rice Lake, MN 55803
Phone Number: 218-721-3778
Fax Number: 218-721-3448

For office use only: