

**Lakefield Family Aquatic Center  
Lakefield, Minnesota  
2026**

Application for Summer Employment

Please include copies of your current Lifeguard, Water Safety Instructor and CPR/1<sup>st</sup> Aid Certifications with this application.

COPIES OF THESE CERTIFICATIONS MUST BE INCLUDED WITH THIS APPLICATION  
THANK YOU!

Position(s) you are applying for (Mark all that apply)

**Manager** \_\_\_\_\_

**Assistant Manager** \_\_\_\_\_

**Lifeguard** \_\_\_\_\_

**Water Safety Instructor** \_\_\_\_\_

**Concession Stand Attendant** \_\_\_\_\_

(you must be 14 years old to work at the pool)

We will offer CPR/1<sup>st</sup> Aid refresher class. You will be informed of the date. There is no cost to you for this class. All employees at the Aquatic Center **MUST** have a current CPR card.

\_\_\_\_\_ Yes, I need the CPR/1<sup>st</sup> Aid Refresher

\_\_\_\_\_ No, I have a current CPR/1<sup>st</sup> Aid card

Application can be returned to:  
301 Main Street, Lakefield  
Or

Lakefield Aquatic Center, PO Box 900, Lakefield, MN 56150

**CITY OF LAKEFIELD**  
301 Main St PO Box 900  
Lakefield, MN 56150

**APPLICATION FOR EMPLOYMENT**

PLEASE READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION.

In accordance with the Minnesota Government Data Practices Act, the City of Lakefield is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you but not available to the public. This application for the City of Lakefield contains private information as defined by Minnesota State Statutes 15.1692, Subd. 1-5.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility to become an employee of the City of Lakefield. You are not required to provide the information requested on the application form; however, this information is vital to determine your eligibility to become an employee of the City of Lakefield. Failure to provide this information could result in you not being considered for employment with the City of Lakefield.

The dissemination and use of the private data we collect is limited to that necessary to determine your eligibility to become an employee of the City of Lakefield. Persons with whom this information may be shared include:

1. The City of Lakefield Police Department personnel administering to records collection and dissemination.
2. The Jackson County Sheriff's personnel administering to records collection and dissemination.
3. The Bureau of Criminal Apprehension.
4. The National Crime Information Center.
5. Any other agency, authorized by you, that may be able to provide information about your eligibility to become an employee of the City of Lakefield.

Unless otherwise authorized by State Statute or Federal law, other government agencies utilizing the reported private data must also treat the information as private.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Applicant)

Please return to: 301 Main St. PO Box 900, Lakefield, MN 56150 Date Received: \_\_\_\_\_

CITY OF LAKEFIELD No. \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

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We welcome you as an applicant for employment. Your application will be considered with others. It is our policy to provide equal opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national origin, sex, and marital status, status with regard to public assistance, membership, or activity in a local commission, disability, or age in all aspects of our personnel policies, programs, practices, and operations. This policy applies to full-time, part-time, temporary, and seasonal employment. While we encourage submission of a resume, applicants who submit a resume still need to fill out the official City Application completely. Failure to completely fill out this application may disqualify your application from consideration.

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 attached any additional information which you believe qualifies you for the position.

Please use **INK OR TYPEWRITER**.

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**PERSONAL INFORMATION**

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Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

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Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Prior addresses: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Phone #s: (home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_

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If you are not a citizen of the United States, do you have Bureau of Immigration approval to work in the U.S.?

Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATIONAL INFORMATION**

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Circle the highest grade completed

Grade School  
1 2 3 4 5 6 7 8

High School  
9 10 11 12 or GED

College  
13 14 15 16

Post Graduate  
MA Ph D

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Type of School	Name and Address of School	Degree	Major
High School		Diploma <input type="checkbox"/> GED <input type="checkbox"/>	
College or University			
College or University			
Graduate School			
Technical			

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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.

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List any current licenses, registrations, or certificates that you possess, as they pertain to the position you are applying for.

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**EMPLOYMENT HISTORY** - Please list **ALL** of your past employers you have had since you entered the workforce beginning with your most recent employment; if necessary, list other employers on an additional sheet if necessary.

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May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain: \_\_\_\_\_

1. Employer's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ Duties Performed \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary \_\_\_\_\_

Were you terminated from that position? \_\_\_\_\_ If not, please explain your reason for leaving: \_\_\_\_\_

2. Employer's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ Duties Performed \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary \_\_\_\_\_

Were you terminated from that position? \_\_\_\_\_ If not, please explain your reason for leaving: \_\_\_\_\_

3. Employer's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ Duties Performed \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary \_\_\_\_\_

Were you terminated from that position? \_\_\_\_\_ If not, please explain your reason for leaving: \_\_\_\_\_

4. Employer's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ Duties Performed \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary \_\_\_\_\_

Were you terminated from that position? \_\_\_\_\_ If not, please explain your reason for leaving: \_\_\_\_\_

5. Employer's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Held \_\_\_\_\_ Duties Performed \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary \_\_\_\_\_

Were you terminated from that position? \_\_\_\_\_ If not, please explain your reason for leaving: \_\_\_\_\_

As noted above, make sure that you've listed ALL of your previous employers. Use the space below to account for any gaps in your employment history. Again, use additional sheets of paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE RECORD**

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Are you a Veteran? \*Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_

\* See attached sheet - Veterans Preference Points Application/Instructions

Are you a Disabled Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a widow/widower of a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a spouse/widow/widower of a Disabled Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? \_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

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Give name, address, phone number, and occupation of 3 references who are not related to you and are not former employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\*\*\*\*\*

I hereby certify that all answers to the above questions are true and I agree and understand any false statements contained in this application may cause rejection of this application or termination of employment. I authorize that a transcript or other documentation may be requested to verify any educational record.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS**

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

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ARE YOU APPLYING FOR VETERAN'S BONUS POINTS?    Yes\_\_\_\_\_    No\_\_\_\_\_

If you answered "yes", your DD214 or other documentation must be received no later than the final day the position you are applying for is officially closed.

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**Veteran's Preference Points Application**

Veteran:    Self\_\_\_\_\_    Spouse\_\_\_\_\_    If spouse, veteran's name\_\_\_\_\_

Branch of Service\_\_\_\_\_    Period of Active Duty:\_\_\_\_\_

Rank at Discharge:\_\_\_\_\_    Type of Discharge:\_\_\_\_\_

Date of Final Discharge:\_\_\_\_\_    No.:\_\_\_\_\_

Are you receiving or eligible for a military pension?    Yes\_\_\_\_\_    No\_\_\_\_\_

Do you have a compensable service-related disability?    Yes\_\_\_\_\_    No\_\_\_\_\_

Preference Requested:    Veteran\_\_\_\_\_    Disabled Veteran\_\_\_\_\_

                    Spouse of Disabled Veteran\_\_\_\_\_    Spouse of Deceased Veteran\_\_\_\_\_

Name of Applicant:\_\_\_\_\_

Date:\_\_\_\_\_    Supporting Documentation Attached:    Yes\_\_\_\_\_    No\_\_\_\_\_

