

**Lakefield Family Aquatic Center
Lakefield, Minnesota
2025**

Application for Summer Employment

Please include copies of your current Lifeguard, Water Safety Instructor and CPR/1st 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/1st 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/1st Aid Refresher

_____ No, I have a current CPR/1st 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

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**.

PERSONAL INFORMATION

Name: (Last) _____ (First) _____ (Middle) _____

Present Address: _____

City _____ State _____ Zip Code _____

Prior addresses: _____

Phone #s: (home) _____ (Cell) _____

Driver's License No. _____ Class _____ State _____

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

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

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			

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, as they pertain to the position you are applying for.

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.

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

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

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.

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.

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_____

