

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

**APPLICATION FOR EMPLOYMENT**

Position Being Applied For \_\_\_\_\_

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)





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**EMPLOYMENT HISTORY** - Please list **the last 10 years** of your past employer, 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: \_\_\_\_\_  
\_\_\_\_\_

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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: \_\_\_\_\_  
\_\_\_\_\_

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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: \_\_\_\_\_  
\_\_\_\_\_

City of Lakefield

No. \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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6. 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: \_\_\_\_\_

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**TO BE COMPLETED ONLY BY APPLICANTS FOR PEACE OFFICER POSITIONS**  
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Do you possess a Minnesota Peace Officers license, full or part-time? Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify type and number \_\_\_\_\_

Are you currently eligible to be a Licensed Peace Officer in the State of Minnesota? Yes \_\_\_\_\_ No \_\_\_\_\_

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**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? \_\_\_\_\_

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**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. \_\_\_\_\_

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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 \_\_\_\_\_

City of Lakefield No. \_\_\_\_\_

Use this page if extra space is needed to answer any question or to provide additional information which you believe qualifies you for the position.

