



CITY OF HAM LAKE
15544 CENTRAL AVENUE NE
HAM LAKE, MINNESOTA 55304
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Date _____

PERSONAL INFORMATION

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

BUSINESS TELEPHONE () _____ HOME TELEPHONE () _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

SALARY DESIRED _____

DO YOU WISH TO WORK: Full time _____ Part time _____ Temporary _____

If Part time, specify hours or days: _____

EVER APPLIED TO THIS CITY BEFORE? Yes _____ No _____

If yes, when? _____

EVER WORKED FOR THIS CITY BEFORE? Yes _____ No _____

If yes, when? _____

REASON FOR LEAVING _____

REFERRED BY: Agency ___ Current Employee ___ Newspaper ___ Ad ___ Other ___

EDUCATION

SCHOOL LEVEL

NAME & LOCATION
OF SCHOOL# OF YRS
ATTENDEDDEGREE,
MAJOR,

COURSE TYPE HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

IF APPLYING FOR A PUBLIC WORKS POSITION, PLEASE STATE DRIVER'S LICENSE
NUMBER _____

CLASS A _____ CLASS B _____ CLASS C _____ CLASS D _____

FORMER EMPLOYERS(LIST BELOW PRESENT EMPLOYER OR MOST RECENT EMPLOYER FIRST)**1. NAME AND ADDRESS OF EMPLOYER**

LENGTH OF EMPLOYMENT _____

JOB TITLE _____

NAME AND TITLE OF SUPERVISOR _____

WEEKLY STARTING SALARY _____ WEEKLY ENDING SALARY _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____
2. NAME AND ADDRESS OF EMPLOYER

LENGTH OF EMPLOYMENT _____
 JOB TITLE _____
 NAME AND TITLE OF SUPERVISOR _____
 WEEKLY STARTING SALARY _____ WEEKLY ENDING SALARY _____
 DESCRIPTION OF WORK _____

 REASON FOR LEAVING _____

3. NAME AND ADDRESS OF EMPLOYER

LENGTH OF EMPLOYMENT _____
 JOB TITLE _____
 NAME AND TITLE OF SUPERVISOR _____
 WEEKLY STARTING SALARY _____ WEEKLY ENDING SALARY _____
 DESCRIPTION OF WORK _____

 REASON FOR LEAVING _____

REFERENCES

(Give below the names of three persons not related to you whom you have known at least one year.)

NAME	ADDRESS	OCCUPATION	PHONE

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING _____

SPECIAL SKILLS (i.e. typing wpm, steno speed, etc.) _____

MILITARY EXPERIENCE

WERE YOU IN U.S. ARMED FORCES? YES _____ NO _____

If yes, what branch? _____

LENGTH OF SERVICE?

RANK AT SEPARATION?

BRIEFLY DESCRIBE YOUR DUTIES?

IMPORTANT NOTICE/AUTHORIZATION FOR ALL APPLICANTS

(Please read the following statements carefully)

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Ham Lake during the application process or during employment. Any information about yourself that you provide to the City of Ham Lake 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 information may be provided 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.

Also, all individuals in the City who need to know the information will have access.

I certify that the information contained in this application (and accompanying resume, if any) is correct and I have not omitted any information. I understand that falsification or omission of information may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I authorize and consent to having City representatives make inquiries about me if I am to be considered for employment. I authorize the schools, references and my prior employers listed above to provide my record, reason for leaving, and all other information they may have concerning me (oral and written). They are hereby released from all liability issuing such information. I hereby knowingly waive any privileges including protection under the Data Practices Act that I have as to such information.

I agree to abide by and conform to the City's rule and regulations.

Applicants Signature _____ Date _____

My signature confirms that I have read and understand the authorization and notice to applicants set forth above. I recognize that my failure to sign, accurately complete or falsify information in this application will automatically disqualify me from consideration for employment.

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTION

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

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? YES ___ NO ___

PLEASE SIGN BOTTOM OF DOCUMENT WHETHER YOU CHECKED "YES" OR "NO".

If you answered "yes" your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION

VETERAN Self _____ 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: 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 _____

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 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation: _____ is attached

_____ will be submitted within 7 days of application deadline

SIGNATURE _____ **DATE** _____

(SIGNATURE SHOWS PROOF OF RECEIPT OF THIS FORM)