



# CITY OF HAM LAKE EMPLOYMENT APPLICATION

◆ 15544 CENTRAL AVENUE NE, HAM LAKE, MINNESOTA 55304 ◆ WEBSITE: WWW.CI.HAM-LAKE.MN.US  
 ◆ OFFICE: (763) 434-9555 ◆ FAX: (763) 434-9599 ◆ EMAIL: INFO@CI.HAM-LAKE.MN.US

<b>APPLICATION MUST BE FILLED OUT COMPLETELY</b>	<i>OFFICE USE ONLY</i> <b>DATE RECEIVED:</b> <i>(Date Stamp)</i>
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<b>Title of Position Applying For</b>	Date Available to Start	Today's Date
Employment Status Desired:    _____ Full-Time    _____ Part-Time    _____ Seasonal    _____ Temporary		
Last Name	First Name	Middle Name
Street Address	City	State                      Zip Code
Email Address		
Home Phone: (_____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No. <i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Work Phone: (_____) _____ - _____		
Cell Phone: (_____) _____ - _____		
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been previously employed by the City of Ham Lake? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, list date(s) and positions(s) held:		
Do you have any relatives working for the City of Ham Lake? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, list names and relationship to you:		
Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## EDUCATION

SCHOOL	NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DEGREE, MAJOR OR TYPE OF COURSE
High School			
College			
Graduate School			
Trade, Business, Night or Correspondence			
Other			

**EMPLOYMENT HISTORY***Please list current employment first*

Name of Employer			
Street Address	City	State	Zip
Telephone Number (Include Area Code) ( ) -	Supervisor's Name	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Job Title	Employed FROM:	(mo. /yr.) TO:	(mo. /yr.)
Duties			
Reason for Leaving or seeking other employment:			

Name of Employer			
Street Address	City	State	Zip
Telephone Number (Include Area Code) ( ) -	Supervisor's Name	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Job Title	Employed FROM:	(mo. /yr.) TO:	(mo. /yr.)
Duties			
Reason for Leaving or seeking other employment:			

Name of Employer			
Street Address	City	State	Zip
Telephone Number (Include Area Code) ( ) -	Supervisor's Name	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Job Title	Employed FROM:	(mo. /yr.) TO:	(mo. /yr.)
Duties			
Reason for Leaving or seeking other employment:			

Name of Employer			
Street Address	City	State	Zip
Telephone Number (Include Area Code) ( ) -	Supervisor's Name	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Job Title	Employed FROM:	(mo. /yr.) TO:	(mo. /yr.)
Duties			
Reason for Leaving or seeking other employment:			

**KNOWLEDGE, SKILLS AND ABILITIES**

Typing Ability: <input type="checkbox"/> Yes <input type="checkbox"/> No WPM: _____	Speedwriting Ability: <input type="checkbox"/> Yes <input type="checkbox"/> No WPM: _____	Dictation Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No
Computer Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list computer software programs and hardware you are skilled with:		
List other office equipment you can operate:		
List any special courses, seminars, workshops and/or training you attended that relate to the job you are applying for:		
If relevant, list other registrations, licenses or certificates you have: Type: _____ Date Issued: _____ Date Expires: _____ Type: _____ Date Issued: _____ Date Expires: _____		
<b>For Labor &amp; Skilled Trades Only</b> List the equipment you are capable of operating:		
<b>This space can be used to add any additional information you deem relevant to better assess your suitability for the position applied for:</b>		

**VETERAN'S PREFERENCE**

**VETERAN'S PREFERENCE POINTS:** The City of Ham Lake operates under a point preference system which awards points to qualified veterans and spouses of disabled or deceased veterans to add to their application results, subject to the provisions of M.S. 43A.11. Complete this section only if you are claiming Veterans preference. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the U.S. Dept. of Veterans Affairs. Veteran is defined by M.S. 197.447. A copy of the Veterans DD214 MUST be attached. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of DD214, please contact the MN Dept. of Veterans Affairs at 651-556-0596.

To qualify for preferences, you must have earned a passing score and been 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, or after having served the full period called or ordered for federal active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

*NOTE: Veterans MUST supply a copy of their 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 DD214 and FL-802 or death certificate.*

**ARE YOU APPLYING FOR VETERAN'S PREFERENCE?**  Yes  No

**PREFERENCE REQUESTED:** \_\_\_\_\_ Veteran (10 pts.) \_\_\_\_\_ Disabled Veteran (15 pts.)  
\_\_\_\_\_ Spouse of Disabled Veteran or \_\_\_\_\_ Deceased Veteran (10 or 15 pts.)

Do you have a service-related disability?  Yes  No (\_\_\_\_\_%)

**REFERENCES**

**REFERENCES:** Please list three (3) references (not relatives), who have known you for at least one (1) year, who can attest to your **work** qualities.

Name	Relationship to You	Occupation	Telephone Number
			(     )
			(     )
			(     )

### NOTICE TO APPLICANT

Information requested on your application that is defined by Minnesota Statute as public may be released on request and includes job history, education and training, relevant test scores, rank on our eligibility list, Veteran's status, and work availability. Your name is private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment. Certain other information is private and may be released only to you or to governmental entities authorized access by law.

**NAME:** Used to identify you in relation to other applicants. You are legally required to provide your name. Failure to provide this information may result in a delay in processing or rejection of your application.

**LICENSE INFORMATION:** Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in rejection of your application.

**CITIZENSHIP STATUS:** Used to certify applicants for work in the U.S. as determined by laws of the U.S. Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

**CRIMINAL HISTORY BACKGROUND CHECKS:** The City of Ham Lake conducts criminal history background checks on all regular or temporary full-time or part-time employees. For sworn police positions, felony convictions (and certain other convictions mandated by the state licensing board for police) will automatically disqualify you from further consideration. For non-police positions, the City of Ham Lake will look at the type of conviction and whether it is directly related to the job for which you are applying. Candidates for positions working with children will not be selected if they have been convicted of any crime listed in the Child Protection Worker Act (M.S. 299C.61 & 62). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes. Before any applicant (other than applicants for positions within the police or fire department or for emergency medical services positions) is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by M.S. Chapter 364. This includes the right to show evidence of rehabilitation.

Minnesota Statute Section 518.6111, requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to be withheld from income. If hired, you will be required to provide such documentation. Failure to provide said documentation will result in dismissal.

In accordance with the Immigration Reform and Control Act of 1986, the City of Ham Lake hires only U.S. citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

Employees and job applicants are subject to drug and alcohol testing in conjunction with the provisions of Minnesota Statutes, Section 181.950, and the provisions as listed in Administrative Policy No. 3.14, Subd. 2. Copies of this policy are available for inspection during regular business hours by employees or job applicants in the Human Resources Department.

If you are hired for this position, you may be required to undergo a physical examination at the employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for you.

### APPLICANT'S STATEMENT

I certify that I have read the "Notice to Applicant" regarding the Minnesota Data Practices Act, and understand my rights as a subject of data. I authorize that a transcript may be requested where necessary to verify any education record. I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the City of Ham Lake, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

I acknowledge I have read and understand the job announcement for the position of which I am applying. I further acknowledge my understanding that employment with the City of Ham Lake is "at will" and that employment may be terminated by either the City of Ham Lake or me at any time, with or without notice. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted City of Ham Lake policies.

I understand that if offered a position, I may be required to submit to and pass a drug screen and depending on the position, may be required to submit to and pass a psychological examination, a physical examination and/or a physical agility test.

I certify that all information I have provided in this application (and accompanying resume, if any) and during any interview for employment is true and complete. I authorize investigation of all statements contained in this application for employment with the City of Ham Lake as may be necessary in arriving at an employment decision. I agree and understand that any false or misleading statements or omission of information contained in this application or any supplemental materials I submit will be grounds for disqualification from employment, or in the event of employment, dismissal of employment upon discovery of the information at a later date.

By signing this form I hereby acknowledge I have read and understand the above statements. *Failure to sign this form may result in rejection of your application.*

**Signature of Applicant**

**Date**

The City of Ham Lake considers applicants for all positions without regard to race, age, religion, national origin, sex, marital or veteran status, disability, sexual preference, status with regard to public assistance, or any other basis protected by law. EOE/ADA