



EMPLOYMENT APPLICATION

Madison Lake welcomes you as an applicant for employment.

It is the policy of the City of Madison Lake to provide equal opportunity to all employees and applicants for employment. The City of Madison Lake does not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual orientation, or status with regard to public assistance. Our employment decisions are made on the basis of individual ability and merit. Upon request, reasonable accommodations are provided to applicants in accordance with American with Disabilities Act (ADA). Please call (507) 243-3011.

APPLICATION INSTRUCTIONS:

To ensure that your application will be accurately processed, please review the following:

- (1) Please print or type in ink when completing this form.
- (2) Complete a separate application form for each position opening you apply for, following instructions completely and signing your application where required.
- (3) Be specific and complete when filling out the Employment History section. Application forms that are incomplete will be removed from further consideration. If additional space is needed to complete your employment history, you may make copies of that page. A résumé may be attached to the completed application.
- (4) Applications received at City Hall by the advertised closing date and time will receive priority review. Applications are evaluated to determine how well each applicant is suited for the position opening. Applications remain open until filled.
- (5) Interviews will be conducted by the appropriate department head and/or City Council.
- (6) You are required to sign the application; unsigned applications are not complete.
- (7) The City Clerk's Office, or designee, will inform the successful applicant and arrange a starting date. All other applicants will be notified when the position has been filled.

RETURN COMPLETED APPLICATION FORM TO THE CITY ADMINISTRATOR

By email to: admin@madisonlakemn.gov

or Mail to:

City of Madison Lake

Attn: Personnel

525 Main St., PO Box 295

Madison Lake, MN 56063-0295

If you have any questions concerning completion of your employment application or the employment procedures for the City of Madison Lake, please call (507)243-3011.

The City of Madison Lake is an Equal Opportunity Employer

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Last four digits of Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this city? YES NO If yes, when? _____

FIRE AND POLICE POSITIONS ONLY
If yes, please explain: _____
Have you ever been convicted of a felony? YES NO

Are you under the age of 18? YES NO
If so, are you under the age of 16? YES NO

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Driver's License

(Only complete if Driver's License is required for position being applied for.)

Driver's License # _____ License Class (A,B,C,D) _____
State in which license is issued: _____ Expiration Date: _____

Other Licenses & Certificates

Please list any other licenses, registrations, or certifications that are required or pertinent to the position you are applying for. If this licensing, etc., is required for the position, and you fail to include a photocopy of it with your application form, your name will be removed from further consideration for the position. If this licensing is not required for the position, but you feel it is relevant and may be an item for which we are awarding points, please indicate below for credit to be awarded.

Type of License or Certificate	Licensing Agency	Expiration Date	License Number
Attach a copy of each license or certificate			

Employment History

- The City of Madison Lake uses a 100-point system to assign value to the experience and training that relates most closely to the position you are applying for. Your experience and training will be scored using the experience and training value system designed for this position. Those applicants (typically the top 6 to 8) with the highest number of total points will be advanced for additional consideration.
- In order to receive the correct points and credit for the knowledge and skills you have acquired, it is absolutely necessary that you are specific when describing these skills. Do not use a single general statement to describe the duties you have performed. List each major duty performed for each position held within the past five years. Whether you are describing your experience as a clerical worker or a truck driver, list each duty separately and be specific. Describe duties in specific terms, such as performed word processing using Word, or operated forklift, front end loader, and back hoe. Statements such as performed general clerical work or operated heavy equipment are too general.
- Please be specific in stating the dates of employment and number of hours you worked per week for each job experience indicated. We need this information to properly score your experience. If hours worked per week vary, please use the average number of hours worked per week.
- Complete the boxed in Length of Employment section only for positions held within the past five years, but please do include all of your relevant work experience in the Employment History section.
- Please give accurate and complete information. List your present or most recent experience first.

DO NOT MARK YOUR APPLICATION “PLEASE SEE RESUME.”

PRESENT OR MOST RECENT EMPLOYER

Employer: _____ Phone: _____

Address: _____

Supervisor Name & Title _____

Job Title: _____

City of Madison Lake Employment Application

Date Received: _____

Duties & Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Employer: _____ Phone: _____

Address: _____

Supervisor Name & Title _____

Job Title: _____

Duties & Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Employer: _____ Phone: _____

Address: _____

Supervisor Name & Title _____

Job Title: _____

Duties & Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

CLAIM FOR VETERAN’S PREFERENCE

The eligibility requirements for veteran’s preference are listed below. Read them carefully to see if you qualify. If you do wish to receive preference, be sure to complete this section. Anyone eligible for receiving a monthly veteran’s pension benefit based exclusively on length of military service is not eligible. Providing the information in this section is voluntary. You must do so if you wish to obtain the preference.

Veteran Eligibility for Open Competitive Position (10 Points)

Must be a U.S. Citizen or resident alien who has separated under honorable conditions:

- (1) After serving on active duty for 181 consecutive days, or
- (2) By reason of disability incurred while serving on active duty.

Disabled Veteran Eligibility for Open Competitive Position (15 Points)

Must have a compensable service connected disability as adjudicated by the United States Veteran’s Administration or by the Retirement Board of the several branches of the armed forces and the disability must exist at the time preference is claimed.

Disabled Veteran Eligibility for Promotional Position (5 Points)

Must, at the time of election to use preference, be entitled to disability compensation for a permanent service-connected disability rated at 50% or more and the position for which you are applying must be the first promotion after entering public employment.

Eligibility as a Spouse of a Deceased or Disabled Veteran

Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who, because of a disability, is unable to qualify for the particular position due to his/her disability and who would have or does meet the criteria for one of the above-listed preferences.

ALL APPLICANTS CLAIMING VETERAN’S PREFERENCE MUST ATTACH A COPY OF HIS/HER FORM DD214. FAILURE TO DO SO MAY RESULT IN LOSS OF VETERAN’S PREFERENCE ELIGIBILITY.

City of Madison Lake Veteran’s Preference Claim Form

<p>For V.A. Use Only: Is the veteran named below rated as having a compensable service-related disability? <input type="checkbox"/> No <input type="checkbox"/> Yes % of Disability _____ By _____ Date _____</p> <p>Name of Veteran (last, first, middle) _____</p>

City of Madison Lake Employment Application

Date Received:

Name of Applicant, if different than veteran (last, first, middle)

Address

City

State

Zip

Classification

To Be Completed by Veteran or Spouse of Deceased Veteran

(1) Are you a U.S. Citizen or resident alien... No Yes

(2) Were you honorably discharged from military service? No Yes

(3) Were you separated from military service after serving active duty for at least 181 consecutive days.. No Yes

(4) Do you currently have a compensable service-related disability... No Yes

If yes, and if you are seeking your first promotion with the City of Madison Lake, what is the % of your disability? _____%

(5) Are you currently receiving a monthly pension based exclusively on length of military service?..... No Yes

(6) Branch of Service _____ Date of Discharge _____

Serial Number

Type of Separation _____ Date of Entry _____

For spouse of deceased veteran, date of death _____

If Spouse of Disabled Veteran, please answer the following:

If spouse is disabled, please explain why your spouse does not qualify for this position:

Claim Number (if disabled) _____ State Claim is Filed In _____

X

Signature of Veteran

Social Security Number

Date

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Madison Lake is required to inform you of your rights as they relate to the private information collected from you.

Private data is information that is available to you, but not the public. The personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Madison Lake. All data collected is considered private except for the following:

- (1) Your veteran’s status.
- (2) Relevant test scores.
- (3) Your rank on our eligibility list.
- (4) Your job history.
- (5) Your education and training.
- (6) Your work availability.

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information. The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of the City of Madison Lake. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment that is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the Madison Lake City Clerk’s Office in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the City of Madison Lake to monitor protected class employment and to meet federal, state, and local reporting requirements.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Applicant Signature: _____ Date: _____

Blue Earth County Sheriff's Office Authorization for Release of Information

Name: _____

Maiden Name, Alias, or Former Name(s): _____

Social Security Number: _____

Driver's License Number & Issuing State: _____

Date of Birth: _____

Home Address: _____

City/State/Zip: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Blue Earth County Sheriff's Office and its agents and/or representatives the right and authority to collect data classified as private which concerns me. The data which I authorize to be released includes private data as defined by Minnesota Statute 13.02 Subd. 12. I fully understand that this data is to be used in conjunction with any background investigation by Blue Earth County Sheriff's Office. I further authorize Blue Earth County Sheriff's Office to perform an investigation of my driving record and my criminal background with local, state and federal law enforcement agencies.

This authorization is valid for one (1) year; however, I reserve the right to, at any time prior to that expiration, cancel the written authorization providing written notice of my intent to Blue Earth County Sheriff's Office.

Signature (Full Name)

Date

EMPLOYEE CERTIFICATION

Before signing this application, please read the following waiver carefully.

- (1) I have read and understand the job announcement for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge.
- (2) I authorize all current and previous employers to release job-related information upon the written request of the City Clerk’s Office. However, I understand that if, in the Employment History section, I have answered “No” to the question, “May we contact this employer?” contact with the employer will not be made without my specific authorization.
- (3) I authorize the City Clerk’s Office to verify all information on this application to determine whether or not I am qualified for the position for which I am applying.
- (4) I understand that providing false information on this application may result in dismissal from any position.

Applicant’s Printed Name _____

Applicant’s Signature: _____ Date: _____

BEFORE SUBMITTING, HAVE YOU....

- Thoroughly read this entire application with special attention to the Tennessee Warning?
- Signed this application in all the required places? This application will not be accepted without all necessary signatures.
 - Tennessee Warning
 - Claim for Veteran’s Preference, if applicable
 - Employee Certification
- Provided sufficient information so that proper credit for training and experience are given?
- Completed the claim for Veteran’s Preference if applicable to you? Also, a copy of your Form DD214 must be submitted at the time of application to determine your eligibility for points.
- Included copies of all required licensing and/or certifications?

Affirmative Action Applicant Information

To All Applicants:

The following information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. The information will **not** be maintained in personnel files and it will not be made available to any person involved in decisions affecting an individual’s appointment or promotion to a position. Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the recruitment and selection of employees for public service.

Position Applying For: _____

Department: _____

Instructions: Check the choice that answers each of the following questions.

(1) What sex are you? Male Female

(2) Of the following, of what racial/ethnic group do you consider yourself?

- _____ American Indian/Alaskan Native
- _____ African American
- _____ Asian and Pacific Islander
- _____ Spanish or Mexican American
- _____ White
- _____ Other _____

(3) Do you have a disability? No Yes

(4) How did you learn about this job opening?

- _____ City Website
- _____ Mankato Free Press
- _____ Minority or Female Publication/Organization
- _____ School (Name: _____)
- _____ League of MN Cities Website
- _____ City Employee
- _____ Minnesota Job Bank
- _____ Walk-In
- _____ Posting in City Hall
- _____ Other (be specific): _____