The City of Le Center welcomes you as an applicant for employment !

Employment Application

It is the policy of the City of Le Center to provide equal opportunity to all employees and applicants for employment. The City of Le Center will 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.

Applicant's Last Name _____

First Name _____

Guidelines for Understanding the Employment Process and Completing the Application Form:

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

1. Please print or type 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, extra sheets are available from the City of Le Center City Administrator's office. A resume may be attached to the completed application.

4. Applications received after the closing date will not be accepted.

5. The City of Le Center encourages City employees to live within the city they serve.

More

6. Recruitment of employees will be administered by the City Administrator. At a minimum, position openings will be advertised locally and listed with Minnesota Job Service.

7. When the stated application deadline is past, all applications will be reviewed and evaluated to determine how well each applicant is suited for the position opening.

8. The City Administrator's Office will schedule interviews with the best qualified applicants.

9. Interviews may be conducted by the City Administrator, appropriate department heads, and City Council members. Others may be involved as needed. After discussion, they will select the best applicant for the position, and make a recommendation for City Council action.

10. The City Administrator's Office will inform the successful applicant and arrange a starting date. Applicants will be notified by mail that the position has been filled.

If you have any questions concerning completion of your employment application or the employment procedures for the City of Le Center, please call the City Administrator's Office at (507) 357-4450.

Personal Information

Position Applying For _____

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Business Phone ( ) _____ Home Phone ( ) _____

Are you under 18 years of age? _____ yes _____ no

Tennessen Warning

In accordance with the Minnesota Government Data Practices Act, the City of Le Center is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 130.04 and 13.43 are two sections that govern what affects you as an applicant for employment at the City of Le Center. 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 Le Center. 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 bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which 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 City of Le Center City Administrator'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 Le Center 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's Printed Name

_____

Applicant's Signature

Date: _____

Do not mark your applications "Please see resume."

Present or Most Recent Employer

Length of employment:
Complete this boxed area only if experience is within the ***past 5 years.***
From: _____ To: _____
(month and year)

Hours per week: _____

Number of years and months employed in this position:

_____ Years _____ Months

Employer: _____

Address: _____

Supervisor's name and title: _____

Your job title: _____

Numbers and types of positions you supervised: _____

_____

Reason for leaving: _____

Principal responsibilities (be complete):

_____

_____

_____

_____

_____

_____

_____

_____

May we contact this employer regarding your work record? Yes _____ No _____

Do not mark your applications "Please see resume."

Previous Employer

Length of employment:
Complete this boxed area only if experience is within the ***past 5 years.***
From: _____ To: _____
(month and year)

Hours per week: _____

Number of years and months employed in this position:

_____ Years _____ Months

Employer: _____

Address: _____

Supervisor's name and title: _____

Your job title: _____

Numbers and types of positions you supervised: _____

_____

Reason for leaving: _____

Principal responsibilities (be complete):

_____

_____

_____

_____

_____

_____

_____

_____

May we contact this employer regarding your work record? Yes _____ No _____

Do not mark your applications "Please see resume."

Previous Employer

Length of employment:
Complete this boxed area only if experience is within the ***past 5 years.***
From: _____ To: _____
(month and year)

Hours per week: _____

Number of years and months employed in this position:

_____ Years _____ Months

Employer: _____

Address: _____

Supervisor's name and title: _____

Your job title: _____

Numbers and types of positions you supervised: _____

_____

Reason for leaving: _____

Principal responsibilities (be complete):

_____

_____

_____

_____

_____

_____

_____

_____

May we contact this employer regarding your work record? Yes _____ No _____

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 only if you wish to obtain the preference.

Veteran Eligibility for Open Competitive Position (5 Points)
Must be a U.S. Citizen or resident alien who was 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 (10 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 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 DD214. FAILURE TO DO SO MAY RESULT IN LOSS OF VETERAN'S PREFERENCE ELIGIBILITY.

City of Le Center Veteran's Preference Claim Form

For V.A. Use Only: Is the veteran named below rated as having a compensable service-related disability?
Yes _____ No _____ % of Disability _____ By _____ Date _____

Name of Veteran (last, first, middle) Date of Birth

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
Are you a U.S. Citizen or resident alien? Yes _____ No _____ Were you honorably discharged from military service? Yes _____ No _____ Were you separated from military service after serving active duty for at least 181 consecutive days? Yes _____ No _____ Do you currently have a compensable service related disability? Yes _____ No _____ If yes, and if you are seeking your first promotion with the City of Le Center, what is the % of your disability? _____. Are you currently receiving a monthly pension based exclusively on length of military service? Yes _____ No _____ 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

Signature of Veteran Social Security Number Date

Affirmative Action Applicant's 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: Mark 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?

   _____ Le Center Leader
   _____ Minority or Female Publication/Organization
   _____ School
   _____ City Employee
   _____ State Job Service
   _____ Walk-In
   _____ Posting in Courthouse

Professional References:

List people you know well, preferably from a work environment. Do not refer to an acquaintance or relative.

Name _____ Address _____

Home phone _____ _____

Work phone _____ Occupation _____

Name _____ Address _____

Home phone _____ _____

Work phone _____ Occupation _____

Name _____ Address _____

Home phone _____ _____

Work phone _____ Occupation _____

Have You. . .

1. Thoroughly read this entire application with special attention to the enclosed Tennessen Warning?

2. Signed this application in all required places?
   (a) the Tennessen Warning
   (b) the Employee Certification
   (c) and the Claim for Veterans Preferences on the last page

   This application will not be accepted without all necessary signatures.

3. Provided sufficient information so that proper credit for training and experience is given?

4. Completed the claim for Veteran's Preference if applicable to you? Also, a copy of your DD Form 214 is to be attached to the Claim Form at the time of application to determine your eligibility for points. Your DD 214 will NOT be accepted after the position closing date.

5. Have you included copies of all licensing?

Employee Certification

Before signing this application, 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 of Le Center's City Administrator'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 of Le Center's City Administrator'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 gained on the basis of that false information.

Printed Name _____

Signature _____ Date Signed _____

Please return this completed application form to:

City Administrator
Le Center City Hall
10 W. Tyrone Street
Le Center MN 56057
Telephone : (507) 357-4450
Hours: 8:00a.m. - 4:00p.m., Monday through Friday

Date Received: _____