

Please print in Ink when completing this application.

We welcome you as an applicant for employment with the City of Lamberton. It is the City of Lamberton's policy to provide equal opportunity in employment. The City of Lamberton will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The City of Lamberton accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact City Hall at 507-752-7601.

Name:		
Street Address:		
City:	State:	Zip:
Phone Number:		
E-Mail:		
Position you are applying for:		
Are you legally eligible to work in	the Unite States in the position you are	e applying for?
Proof of citizenship or work eligib	ility will be required as a condition of e	employment.
Will your continued employment i	require employer sponsor? □ Yes	□ No
Are you at least 18 years old?	□ Yes □ No	
List any summent liseness registre	tions, or certificates you possess whic	h may be related to this position:

EDUCATION

Circle the highest grade completed			
Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12 GED	College/Technic 13 14 15 16	Graduate MA MS PHD JD
Did you graduate: (Please check)	High School College/Techi		
School Name	Location	Degree Received	Major
	teer experience relevar		you are applying (you may exclude, if
you wish, information which w	vould reveal race, sex,	religion, age, disability, or	other protective status).
List any course, seminars, wo	orkshops, or training yo	u have that may provide y	ou with skills related to this position:

IPLOYMENT EXPERIENCE			
Company:			
Address:	Supervisor:	Supervisor:	
City/ST/Zip:	Phone Number:	Phone Number:	
Last Job Title:	Start Date:	End Date:	
Reason for Leaving:	<u> </u>		
Describe your work in this job:			
Company:			
Address:	Supervisor:		
City/ST/Zip:	Phone Number:		
Last Job Title:	Start Date:	End Date:	
Reason for Leaving:			
Describe your work in this job:			
Company:			
Address:	Supervisor:		
City/ST/Zip:	Phone Number:		
Last Job Title:	Start Date:	End Date:	
Reason for Leaving:			
Describe your work in this job:			

MILITARY EXPERIENCE Did you service in the U.S. Armed Forces? ☐ Yes ☐ No Describe your duties: Do you wish to apply for Veterans' Preference points: ☐ Yes ☐ No If you answered "yes", you must complete the enclosed application for Veterans' Preference points, and submit the application and required documentation to the City of Lamberton by the application deadline of the position for which you are applying. APPLICANT DATA PRACTICES ADVISORY According to Minn. Stat. § 13.04, the City must advise you of the following. Purpose and intended use of the data: The city collects this information for purposes of selecting a candidate for hire. Your data will be used for this process. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, including using the BCA's website. Whether you may refuse or are legally required to supply this data: Application for employment as well as supplying any data in application for employment is voluntary. Consequences arising from supplying or refusing to supply this data: We take pride in hiring the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the city you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position. **AUTHORIZATION** I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered. I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the City of Lamberton is "at will," and that employment may be terminated by either the City of Lamberton or me at any time, with or without notice. With my signature below, I am providing the City of Lamberton authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?", contact with my current employer will not be made without my specific authorization. I have read the included Applicant Data Practices Advisory, and I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of Lamberton in writing of any changes to information reported in this application for employment.

Date

Signature

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The city of Lamberton appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity. Position for which you are applying: **Gender:** □ Male □ Female With which racial/ethnic group do you identify? ☐ Black or African American ☐ Caucasian/White ☐ Hispanic or Latino □ Asian ☐ Native Hawaiian or other Pacific Islander ☐ Two or more races ☐ American Indian or Alaskan Native through Tribunal affiliation or community recognition Disability status, defined as: 1. Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning); 2. Has a history of a disability (such as cancer that is in remission); 3. Is regarded as having such an impairment. Do you claim disability status? ☐ Yes ☐ No

VETERANS' PREFERENCE

Signature

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: VETERANS' PREFERENCE POINTS CANNOT BE CONSIDERED WITHOUT SUPPORTING DOCUMENTATION. ATTACH COPY OF "VETERAN'S DD214 COPY 2, 4 or 6), OR OTHER DOCUMENTATION VERIFYING MILITARY SERVICE. DOCUMENTATION MUST BE RECEIVED BY THE APPLICATION DEADLINE OF THE POSTING IN ORDER TO BE CONSIDERED. (VETERAN IS DEFINED BY MINN. STAT. § 197.447)

You must submit a PHOTOCOPY of your DD214 (Copy 2, 4, or 6) or other documentation verifying military service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, or other documentation verifying military service, contact your County Veterans' Service Office.	be a United States c erence may be used veteran, and by the	or ordered for federal, active duty and itizen or resident alien. Veteran's prefby the surviving spouse of a deceased spouse of a disabled veteran who is ause of the disability.
The city of Lamberton operates under a point preference system, which awards points to qualified veterans to supplement their application. After receiving a passing score, ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service-connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).	an must have earned USDVA active-duty s 50% or more. For a veteran is entitled to veterans eligible for	ence on a promotional exam , a veterda passing exam score and received a service-connected disability rating of promotional exam, a qualified disabled be granted five (5) points. Disabled such preference may use the five ly once when applying for the first propublic employment.
To qualify for preference for a competitive exam , 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	with your application tion for which you ar 6), or other documer mitted to our office s	e on the form below and submitted by the application deadline of the posi- e applying. If the DD214 Copy 2, 4 or station verifying military service, is sub- eparate from this sheet, please attach ing the position for which you are apply- address.
Name (Last) (First) (MI)	Position For Which Yo	ı Applied
Address (Street) (City) (State) (Zip)	Closing Date: Phone Number	Are you a US Citizen or Resident Alien?
		YES NO
VETERAN (10 points): (DD214 or DD215, Copy 2, 4, or 6,or other documentation verifying military service, resolved the companies of the compa	/A Summary of Benefits Letter s lo d at time of death): bcopy of marriage certificate, sporemarried or were divorced from	nowing a compensable service connected disability rating suse's death certificate and proof veteran is deceased the veteran).
compensable service connected disability rating decision, usually of 10% or more, ar does veteran's disability prevent performance of a stated job "requirer unable to qualify for this position because (be specific):	nd which shows the nature of the ment?" Due to the veteran	e disability, must be submitted to receive points. How 's service-connected disability the veteran is
compensable service connected disability rating decision, usually of 10% or more, ar does veteran's disability prevent performance of a stated job "requirer	nd which shows the nature of the ment?" Due to the veteran and swear/affirm that the inforn	e disability, must be submitted to receive points. How is service-connected disability the veteran is nation given is true, complete and correct to the best

Date

INFORMATION REGARDING CLAIMING VETERANS' PREFERENCE

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.447, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a. be a U.S. citizen or resident alien;
- b. have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of disability incurred while serving on active duty, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by Code of Federal Regulations title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty under Title 10 of the United States Codet, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of your DD214 or DD215, Copy 2, 4, or 6, or other documentation verifying military service. This copy must state the character of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision or Summary of Benefits Letter that supports/verifies the fact that the veteran has a compensable Service connected disability.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215 Copy 2, 4, or 6, or other documentation verifying military service, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the city of Lamberton. Please contact our office at 507-752-7601or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.