

# City of Lancaster

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Lancaster, MN 56735  
(218) 762-6472  
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# Employment Application

It is our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, color, religion, national origin, political affiliation, disability, marital status, sex, or age.

**Please print in ink or use typewriter**

Date of application:

Position applied for:	Salary desired:
Have you ever applied for employment with us before: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## PERSONAL DATA

Last Name	First Name	Middle	Home Phone Number With area code
Street Address			Work Phone Number With area code
City, State, Zip Code		E-mail Address	Cell Phone Number With area code

## EDUCATIONAL HISTORY—Attach Resume or complete this section

	Educational Institutions	Years Completed	Did you Graduate?	Degree/Certificate Major or Course
High School	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			
College or University	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			
Other School	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			
Other School	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			

**EMPLOYMENT HISTORY:** Attach resume or complete this section

Company Name:	Telephone with area code
Street Address:	Years in Position
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Describe your work:	
Reason for Leaving:	

Company Name:	Telephone with area code
Street Address:	Years in Position
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Describe your work:	
Reason for Leaving:	

Company Name:	Telephone with area code
Street Address:	Years in Position
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Describe your work:	
Reason for Leaving:	

Are you related to anyone currently working in any position (full-time, part-time, seasonal or appointed committee member) for the City  Yes  No If yes, who? Relationship:

Have you ever been terminated from a previous employer?  Yes  No If so, state the name and address of company, date of termination, and reason for termination (do not include lay-off or staff reduction).

In Accordance with the Immigration Reform and Control Act of 1986 the City hires only US 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 your dismissal.

Minn. Stat. Sec 518.611 Subd. 8 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.

**MILITARY EXPERIENCE**

Were you in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?
Years of Service?	Rank at separation?
Briefly describe any training you received relevant to the position for which you are applying.	

**OTHER EXPERIENCE**—Describe any other training, experience, or volunteer work that is relevant to the position for which you are applying.


**LICENSES/CERTIFICATIONS**— Do you have a valid Driver’s License?  Yes  No If so, list the state, number, class and expiration date. If relevant, list other current professional registrations, license or certificates you have.

License/Certificate/Registration	Date Issued	Date of Expiration

## Notice of Background Check

All employment offers are conditioned upon the applicant passing a criminal background check. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought. However, making false statements or withholding information will cause you to be barred from employment, or removed from employment.

## REFERENCES

Please provide the name, address and phone number of three references who are **not** related to you and are **not** previous employers.

Name	Phone Number With area code
Address, City, State and Zip	Relationship
Name	Phone Number With area code
Address, City, State and Zip	Relationship
Name	Phone Number With area code
Address, City, State and Zip	Relationship

I hereby declare that all statements made on this application (and accompanying resume, if any) are true and complete to the best of my knowledge and belief. I understand these statements are subject to verification. I also understand that falsification of this application may disqualify me from employment or result in immediate dismissal on discovery.

May we contact your current employer?  Yes  No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Physical Examination:

If you are hired for this position, you may be required to undergo a physical examination at this 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.87 (1983) on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address, Home Phone Number, Social Security Number, Date of Birth, Conviction Record, Sex, Age Group, and Disability type.

This means it is available only to you, the City of Lancaster officials and their representatives who have a bona fide need for it. This data will be used to identify you within the hiring process. Refusal to supply requested information may mean your application will not be considered.

Your name is considered private until you become a finalist for employment with the City of Lancaster. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

## EMPLOYEE CERTIFICATION

**Please be sure to sign this application and read the following statements carefully:**

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.
2. I authorize the City of Lancaster and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. I understand that only the City Council has the authority to make employment agreements.
4. I hereby authorize all current and previous employers and schools to release to the City of Lancaster data classified as private. The data which I authorize to be released consists of private data as defined by M.S. 1302, Subd. 12 and has been or will be collected by the City of Lancaster and/or its agents and/or representatives. This information includes all data which has been collected, created, received, retained or disseminated in whatever form which is in any way related to employment. I fully understand that the purpose of permitting the City of Lancaster to have access to this information is to determine my suitability for employment for the position of \_\_\_\_\_ . I release all parties from any and all liability and claims for damage whatsoever that may result therefrom.

This authorization shall be valid for one year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City Council of the City of Lancaster. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

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

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 <input type="checkbox"/> Self <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preference Requested: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Veteran</span> <span><input type="checkbox"/> Disabled Veteran</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><input type="checkbox"/> Spouse of Disabled Veteran</span> <span><input type="checkbox"/> Spouse of Deceased Veteran</span> </div>			

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.