



City of Howard Lake

625 8th Avenue, PO Box 736

Howard Lake, MN 55348

Phone: 320-543-3670 | www.howard-lake.mn.us

Employment Application

The City of Howard Lake does 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, or any other basis protected by law.

Applicant Information

Name: Last	First	Middle	
Present Address: Street	City	State	Zip Code
Phone Number	Email Address		

Are you of legal age to work? Type Yes or No

Are you legally eligible for employment in the U.S.?

(Verification will be required)

Type Yes or No

Work Preference

Position Applied for:	Date Available:
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Have you previously been employed by the City of Howard Lake? Type Yes or No

If yes: Start and end dates: _____ Position: _____

Education and Training

Highest Grade Completed:	High School	College/Technical	Graduate School
(Please Circle)	9 10 11 12	13 14 15 16	1 2 MA PHD

Schools

Type	Name/Location	Dates Attending	Major/Minor	Did you graduate?
High School				
Technical				
College/University				
College/University				
Graduate				

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position.

List any current licenses, registrations, or certificates you possess which may be related to this position.

Activities

List membership in civic, professional, social, or other community/volunteer organizations (show offices held and membership dates).

List other hobbies and special interests.

Employment History

Please list previous employment beginning with the most current.

Employer	Start Date	End Date
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Address	Phone Number
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Position Title	Supervisor's Name and Title
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Principle Responsibilities: (Be specific)

Employer	Start Date	End Date
Address	Phone Number	
Position Title	Supervisor's Name and Title	
Principle Responsibilities: (Be specific)		

Employer	Start Date	End Date
Address	Phone Number	
Position Title	Supervisor's Name and Title	
Principle Responsibilities: (Be specific)		

Employer	Start Date	End Date
Address	Phone Number	
Position Title	Supervisor's Name and Title	
Principle Responsibilities: (Be specific)		

REFERENCES

Please list below the names of at least three people, who are not related to you, that can be contacted regarding your qualifications, work habits, and character.

Name and Occupation	Years Acquainted	Address	Phone Number

SUPPLEMENTAL QUESTIONS

1. Your employment may involve occasional use of a public vehicle.
Do you have a valid driver's license? Type Yes or No

Driver's License Number: _____

2. Are you fluent in a language other than English? Type Yes or No

If so, which: _____

3. Are there any other experiences, skills or qualifications that will benefit the position for which you are applying?

4. Why did you seek employment with the City of Howard Lake?

AUTHORIZATION & ACKNOWLEDGEMENT

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

1. I authorize the City of Howard Lake to verify any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance (such as transcripts). Moreover, I hereby release this employer and any agent acting on its behalf from any and all liability by reason of requesting such information from any person.
2. I hereby authorize all current and previous employers to release job-related information to the City of Howard Lake. However, I understand that contact with my current employer will not be made without my specific authorization.
3. I authorize the City of Howard Lake to contact the references included in this application to verify job-related information.
4. I understand that criminal history checks may be conducted and that conviction of a crime related to this position may result in my being disqualified for this job opening.
5. I hereby authorize the City of Howard Lake to conduct a criminal history check and have access to such records for purposes of determining my eligibility for employment with the City.
6. I certify that all the information and statements I have provided on this application are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any false information from this application may be cause for rejection, or dismissal if employed.

Signature of Applicant

Date

CITY OF HOWARD LAKE
625 8TH AVE
HOWARD LAKE, MN, 55349
320-543-3670

Date: _____

The following named individual has made application with this agency for employment

Last Name of Applicant (please print):

First Name (please print):

Middle (*Full*) (please print):

Maiden, Alias or Former (please print):

Date of Birth: _____ **Sex** (M or F): _____
(Month/Day/Year)

Drivers Licenses Number:

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all applicable criminal history record information to the City of Howard Lake for the purpose of employment with this agency, pursuant to Minn. Stat. § 299C.72

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

VETERAN'S PREFERENCE

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 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 by above) or the spouse of a disabled veteran who because of the disability is not able to qualify.

The information you provide on this form will be used to determine your eligibility for veterans' 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 veterans DD214 and FL-802 or death certificate.

If you supply the supporting documentation by separate mail, your name and position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? Yes ☐ No ☐

If you answered "yes," you must complete the form below. 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: Self ☐
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 military pension? Yes ☐ No ☐

Do you have a compensable service-related disability? Yes ☐ No ☐

Preference requested: Veteran ☐ Spouse of Deceased Veteran ☐
Disabled Veteran ☐ Spouse of Disabled Veteran ☐

Supporting documentation: Is attached ☐ Will be submitted within 7 days of the application deadline. ☐

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 awarded in a timely manner.

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following is voluntary and confidential. It will not adversely affect your employment candidacy with the City or your status as an employee after the appointment.

The remaining voluntary information you provide will be used to determine how effective our recruitment efforts are in reaching all segments of the population and to validate our selection and placement methods. We would appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity.

Position for which you are applying:

Gender:

Date of application:

With which racial/ethnic group do you identify?

Black or African American

Hispanic or Latino

American Indian or Alaskan Native

Caucasian/White

Asian

Native Hawaiian or other Pacific Islander

Two or more races

Do you claim disability status?

Yes

No

Disability status is 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.