

Veteran's Preference:

Veterans Preference Statutes provide a five point preference (ten points if a disabled veteran with a disabled rated at 50% or more) to those individual who attained a passing score and who have received an Honorable Discharge or separation after serving more than 180 consecutive days in the military services for purpose other than training. If this applies to your particular situation and you wish to exercise your Veterans Preference at this time, please indicate so below. Any Veteran, who is receiving or is eligible to receive, a monthly veteran's pension benefit based on length of service may not claim Veteran's Preference.

Do you wish to claim veteran's preference at this time Yes No (circle one)

If appointed, you will be required to supply the City with a copy of your Form DD-214

Date of Entry for Active Duty _____ Place Entry (City/State) _____
(Do NOT include short training periods of active duty with reserve unit. You must have served with a unit that was on active duty, not on reserve status.)

Branch of Service _____ Date of Separation or Discharge from Active Duty _____

Type of Separation or Discharge (Honorable, General, etc) _____

Service Connected Disability (Type/Percent) _____

Reference: List three references which you have known at least one year, who can attest to your work qualities.

Name	Relationship to You	Address	Telephone Number

Authorization to Collect, Use and Release Information:

As an applicant for a position with the City of Long Prairie, I hereby expressly authorize the collection, use and release of any and all information concerning me, including information of a confidential or privileged nature, which relates to my employment. I hereby release the City of Long Prairie, with which I am seeking employment, from any liability which may result from releasing information requested. I also expressly authorize the release by my present and past employers, as noted in the Employment History portion of this application, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my prior employer(s) from any liability whatsoever arising out of its release. I understand that this Authorization may be revoked in writing by me at any time, and in no event will be valid for more than one year from its stated date.

(Applicant's Full Printed name)

(Applicant's Signature)

Auxiliary Aids and Assistance

If, due to a disability, you need assistance in completing an application or if you anticipate that you will need auxiliary aids or service in selection process, please notify the City Clerk at (320) 732-2167.

Signature:

To the best of my knowledge, the information included in the application is accurate and true. I understand that misrepresentation or omission of facts in connection with my application may be sufficient cause for dismissal whenever discovered.

Signature: _____ Date _____