



Return To;  
**City of Long Prairie**  
 615 Lake St. S.  
 Long Prairie, MN 56347  
 Phone: (320) 732-2167  
 Email: tgray@cityoflongprairie.com

DATE RECEIVED BY CITY
RECEIVED BY

## City of Long Prairie EMPLOYMENT APPLICATION

All persons are welcome to apply with the City. Your application will be considered in competition with others for the position in which you are interested. Please furnish complete information as outlined in this application. Submission of an incomplete application disqualifies you from consideration for employment.

All information contained in or connected with this application will be considered for use only in conjunction with your possible employment with the City. You are encouraged to attach any additional information that you believe qualifies you for this position for which you are applying.

The City fully endorses recruitment and selection based upon merit criteria. To this end, all candidates regardless of race, color, creed, religion, national origin, marital status, status with regard to public assistance, sexual orientation, sex, age or disability are invited to apply.

PLEASE PRINT OR TYPE IN INK

***Personal Information***

Last Name	First Name	Middle Name/Initial	Social Security Number
Present Permanent Address		City	State
			Zip Code
Date of Application	Home Phone	Daytime/Business Phone	
Are you at least 18 years old?	May we contact you at work?	Are you willing to work weekends?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you willing to work overtime if necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you a United States citizen OR if not, do you have permission to work in this country? <input type="checkbox"/> YES <input type="checkbox"/> NO			

***Work Preference***

Position Applied For	
Work Status Desired	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> INTERNSHIP
Annual Salary Desired	Date Available

**Education & Training**

<b>Last Grade Completed</b> (Years Completed)	High School	College	Post Graduate
<b>SCHOOLS</b>			
<b>Type</b>	<b>Name/Location</b>	<b>Degree</b>	<b>Major/Minor</b>
College/ University			
College/ University			
Graduate			
Vocational			
Other			
<b>Summarize Additional Related Coursework and Training Completed</b>			

<b>MEMBERSHIP IN CIVIC, PROFESSIONAL, SOCIAL OR OTHER ORGANIZATIONS</b>			
Include offices held. Exclude organizations including race, creed, color, religion, gender, sexual orientation, national origin, marital status, political affiliation, age or disability in their name or charter.			
<b>Organization</b>	<b>Position Held</b>	<b>Dates Participated</b>	<b>Skills Learned</b>

<b>SPECIAL SKILLS</b>	
<b>Can you operate a computer?</b>	<b>Please list software you are proficient in:</b>
<b>List other office equipment you can operate.</b>	
<b>Do you have experience in a skilled trade? If so, please describe the extent/nature.</b>	
<b>List any relevant equipment you are trained or licensed to operate.</b>	
<b>Do you hold Trade/Professional licenses? If so, please list and provide a photocopy.</b>	

## Employment History

List most recent employer first (attach additional sheets as necessary)

Current Employer		Address			
Supervisor Name		Position		Telephone Number	
Position	Dates Employed (Month/Year)	From	To	Hours Worked/Week	Last Salary
Number and Type of Positions You Supervised					
Principal Responsibilities					
Reason for Leaving				May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer		Address			
Supervisor Name		Position		Telephone Number	
Position	Dates Employed (Month/Year)	From	To	Hours Worked/Week	Last Salary
Number and Type of Positions You Supervised					
Principal Responsibilities					
Reason for Leaving				May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer		Address			
Supervisor Name		Position		Telephone Number	
Position	Dates Employed (Month/Year)	From	To	Hours Worked/Week	Last Salary
Number and Type of Positions You Supervised					
Principal Responsibilities					
Reason for Leaving				May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Employer		Address			
Supervisor Name		Position		Telephone Number	
Position	Dates Employed (Month/Year)	From	To	Hours Worked/Week	Last Salary
Number and Type of Positions You Supervised					
Principal Responsibilities					
Reason for Leaving				May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**General Information**

Briefly state why you are interested and why you feel you are qualified for this position \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you presently have a valid Driver's License?     YES                       NO

License Number	Expiration Date	State of Issuance	Class
If relevant, list other current licenses, registrations or certificates you have, including dates of issuance and expiration __			

**References**

Name/ Occupation or Relationship	Address	Phone Number

**Tennessee Warning**  
 Information requested on your application is defined by State Statute as public and may be released on request and include job history, education and training and work availability. Your name is private except when you are certified as eligible for appointment to a vacancy. Certain other information requested on your application is private and only to you or to governmental entities authorized access by law (MS15.165, Subd 2.) Private data contained above:  
 - NAME/SOCIAL SECURITY NUMBER (SSN): Used to identify you in relation to other applicants. You are legally required to provide your name but not your SSN. Failure to provide this information may result in a delay in processing or rejection of your application.  
 - LOCAL/PERMANENT ADDRESS/HOME TELEPHONE: Used to contact you regarding your application's status. You are not legally required to provide this information. Failure to provide this information may result in a delay in processing or notifying you of your application's status.  
 - LICENSE INFORMATION: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in your rejection as an applicant for these positions.  
 - CITIZENSHIP STATUS: Used to certify applicants for work in the United States as determined by laws of the United States Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application

**Important Notice to All Applicants / Applicant Signature & Acknowledgement**

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City during the application process or during employment. Any information about yourself that you provide to the City during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the city. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application if you wish to be considered for employment. If you do not supply the information requested, it may mean that your application is not considered.

The information may be provided to:


- 1) Persons authorized to have access to the information under State or federal law; and
- 2) Persons authorized by court order to have access to the information; and
- 3) Persons to whom you consent in writing to have access to the information. All individuals in the City who need to know the information will have access.

I authorize and consent to having City representatives make inquiries about me if I am to be considered for employment.

Former employers are authorized to give information about me in any form, oral or written. They are hereby released from all liability for issuing such information. I hereby knowingly waive any privileges, including protection under the Data Practices Act, that I have as such information.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

 My signature on the line above confirms that I have read and understand the authorization and notice to applicants as set forth above. I recognize that my failure to sign, accurately complete or attempt to falsify information in this application will automatically disqualify me from consideration for employment.

**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

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 \_\_\_\_\_

**CITY OF LONG PRAIRIE  
BACKGROUND INVESTIGATION  
FORMS & INSTRUCTIONS**

- General Authorization – please complete and sign for each facility that background checks will be done. This release will be used to collect private data from sources that include, but are not limited to, those listed by you in this form (financial institutions, colleges, etc.)
- Data Practices Advisory - read and sign. "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, Racial/Ethnic Data, and Residence application. This means the information classified as Private is available only to you, and employees of the **City of Long Prairie** who have bona fide need for it. This data will be used to identify you within the hiring process. Refusal to supply the requested information may mean your application will not be considered.
- Informed Consent – read and sign. The information contained in the background investigation will be used only to determine your suitability for employment. The information provided will be accessible only to you, pertinent staff of the **City of Long Prairie**, or as provided for by Minnesota Statutes.
- If you have any questions, contact Theodore Gray, City Administrator at (320) 732-2167.

**CITY OF LONG PRAIRIE  
GENERAL AUTHORIZATION AND RELEASE  
PURSUANT TO MINNESOTA STATUTE 13.05, SUBD. 4  
MINNESOTA DATA PRACTICES ACT**

I, \_\_\_\_\_, hereby authorize and grant my informed consent to permit, **LONG PRAIRIE POLICE DEPARTMENT**, to release to and make available to the *CITY OF LONG PRAIRIE* data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minnesota Statutes 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with your agency. I understand that the purpose of permitting the City of Long Prairie to have access to this information is to determine my suitability for employment with the City.

This authorization shall be valid for a period of one year, but I reserve the right to, and any time prior to that expiration, cancel the written authorization by providing written notice to the department or to you of that fact.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CITY OF LONG PRAIRIE  
BACKGROUND INVESTIGATION AUTHORIZATION**

**Data Practices Advisory**

The information you are being asked to provide will be used for the purpose of conducting a background investigation to determine your suitability and qualifications for employment with the **City of Long Prairie (City)**.

"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, Racial/Ethnic Data, and Residence application.

This means the information classified as Private is available only to you, and employees of the **City** who have bona fide need for it. This data will be used to identify you within the hiring process. Refusal to supply the requested information may mean your application will not be considered.

Any false statement of any information or the intentional omission of the required information will result in your elimination from consideration and may be considered grounds for termination if discovered after employed.

Your name will become public data when you are certified as eligible to a vacancy, and if hired, the data specified in Minnesota Statutes, Section 13.43, subd. 2 becomes public.

**Consent**

As an applicant for a position with the **City of Long Prairie**, I consent to the conduct of a background investigation on me. I understand that the information I am providing is classified as private under the Minnesota Data Practices Act. I consent to the release of the information I am providing in the Background Investigation Form and any other information obtained as a result of this background investigation, as deemed necessary and appropriate by the **City**, to conduct a background investigation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**CITY OF LONG PRAIRIE  
INFORMED CONSENT**

TO: BUREAU OF CRIMINAL APPREHENSION  
1246 UNIVERSITY AVENUE  
ST. PAUL MN 55104

FROM: CITY OF LONG PRAIRIE  
615 LAKE ST. S.  
LONG PRAIRIE, MN 56347

**Applicant Note:** The information contained herein is considered private data, and will be used only to determine your suitability for employment. Providing this information is strictly voluntary and you are not required by law to furnish any of the information requested herein. However, if you do not furnish it we may have trouble determining your suitability for employment. The information provided herein will be accessible only to you, pertinent staff of the **CITY OF LONG PRAIRIE**, or as provided for by Minnesota Statutes.

**BCA Note:** The following person has applied for a job with the **CITY OF LONG PRAIRIE**, City policy requires that criminal history inquiries be made on applicants for employment in certain positions with the **CITY OF LONG PRAIRIE**.

Full Name \_\_\_\_\_  
(first) (middle) (last) (other)

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ SS# \_\_\_\_\_

\*\*\*\*\*

I authorize the Bureau of Criminal Apprehension to disclose all information pertaining to my criminal history inquiry to the **LONG PRAIRIE POLICE DEPARTMENT**.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

**THE APPLICANT SIGNATURE MUST BE NOTARIZED  
BEFORE THE INQUIRY CAN BE PROCESSED BY THE BCA**

State of Minnesota)  
County of \_\_\_\_\_) S.S.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**CITY OF LONG PRAIRIE  
MOTOR VEHICLE RECORD SIGNED RELEASE AUTHORIZATION**

Last Name First Name Middle Name		Date of Birth
Street Address	Home Phone	Work Phone
City State Zip	Social Security Number	

**DRIVER LICENSE**

List all driver licenses you have now, or have had in the past.					
State	Type	Driver License Number	Status		
Have you at any time had your driver license restricted? Yes or No					
If yes, specify the circumstances.					
Have you ever had a driver license revoked, suspended, or cancelled?			Yes	Or	No
Which license, When, Why:					
As a driver, have you ever been involved in a motor vehicle accident?					
Date	Location	Investigative Agency	Police Report		
Date	Location	Investigative Agency	Police Report		
Date	Location	Investigative Agency	Police Report		

**I ALSO AGREE TO PROVIDE A CURRENT COPY OF MY MINNESOTA DRIVING RECORD TO THE CITY OF LONG PRAIRIE.**

**I CERTIFY THAT ALL OF THE STATEMENTS BY ME IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSION OF INFORMATION FROM THIS APPLICATION MAY BE CAUSE FOR REJECTION, OR DISMISSAL IF EMPLOYED.**

**SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_**

**CITY OF LONG PRAIRIE  
BACKGROUND INVESTIGATION FORM -CRIMINAL HISTORY**

Have you ever been charged with any non-traffic criminal violation?			
Date	Charge	Investigating Agency	Disposition
Date	Charge	Investigating Agency	Disposition
Date	Charge	Investigating Agency	Disposition
Date	Charge	Investigating Agency	Disposition

**I CERTIFY THAT ALL OF THE STATEMENTS BY ME IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSION OF INFORMATION FROM THIS APPLICATION MAY BE CAUSE FOR REJECTION, OR DISMISSAL IF EMPLOYED.**

**SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

**City of Long Prairie**

**FCRA Authorization to Obtain a Consumer Report (Background/Credit Check)**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the City of Long Prairie and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the City of Long Prairie or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DATA PRACTICES RIGHTS ADVISORY FOR SOCIAL MEDIA SITES

As an applicant for employment with the City of Long Prairie you are being asked to provide information about yourself that will be used in evaluating your suitability for employment. The purpose of this request is to permit us to thoroughly analyze your qualifications and suitability for employment with us. You are also being asked at this time to provide the Sheriff's Office with access to any and all social media sites at which you have an account or are a member.

You are being requested to sign this document and grant access to permit this office to fully consider your suitability for employment with us. You are not legally required to supply any of the data requested or to sign this permission form. However if you do not provide that permission the office may be unable to fully and adequately determine your suitability for employment with us and that may in turn reduce the chance you have for employment with this agency.

The data that you are being asked to provide and that may be accessed is defined as personnel data under the Minnesota Data Practices Act. Under the Act some personnel data is classified as public data and the remaining information is classified as private data. The following information of job applicants is defined to be public: veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. The remaining data that may be obtained from access to your social media site or sites is classified as private.

Private data is data that you are entitled to have access to. The data may be reviewed by the agents and representatives of the City of Long Prairie that are involved in personnel and employment or attorney. Any other third party is entitled to access such data only with your consent, pursuant to a court order, statute, or as otherwise authorized by law.

I HAVE READ THE ABOVE.

**AUTHORIZATION TO ACCESS SOCIAL MEDIA SITE(S)**

I have one or more social media sites (at) (with): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize and grant consent to the City of Long Prairie its agents and/or representatives to access (that) (these) site(s) and provide the following method of granting access: \_\_\_\_\_ ■

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date