



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

Last Grade Completed (Please Circle)	High School 9 10 11 12	College 13 14 15 16	Graduate School 1 2 MA PHD JD
SCHOOLS			
Type	Name/Location	Degree	Major/Minor
College/ University			
College/ University			
Graduate			
Vocational			
Other			
Summarize Additional Related Coursework and Training Completed			

MEMBERSHIP IN CIVIC, PROFESSIONAL, SOCIAL OR OTHER ORGANIZATIONS			
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.			
Organization	Position Held	Dates Participated	Skills Learned

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

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.