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|----------------------|----------------|-----------------------|
| For Office Use Only: | Date Received: | Received By: |
| | Department: | Position Applied For: |

APPLICATION FOR EMPLOYMENT

City of Detroit Lakes
Personnel Department
1025 Roosevelt Avenue
PO Box 647
Detroit Lakes, MN 56502
www.ci.detroit-lakes.mn.us

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(Please Print)

Name _____ Date _____
 Address _____ Phone Number _____
 City _____ State _____ Zip Code _____

| Educational Training | | | |
|--|--------------------|---------------------------|------------------------------|
| | High School | College/University | Graduate/Professional |
| School Name | | | |
| Years Completed | | | |
| Diploma/Degree | | | |
| Describe Course of Study | | | |
| Describe specialized training, apprenticeship, skills and extra curricular activities. | | | |
| Honors Received (current licenses or certificates held) | | | |

Clerical Applicants

List all office machines which you have experience in operating: _____

List all computer software you are experienced with: _____

Labor and Skilled Craft Applicants

List all machinery and equipment which you have experience in operating: _____

Employment History

Have you had any paid experience in the work you are applying for: Yes No

List below present and past employment beginning with the most recent.
(If additional space is needed, please continue on separate sheet of paper.)

| From - To | | | |
|--------------------------------|--|--|--|
| Employer | | | |
| Address | | | |
| Brief description of each job. | | | |

Please indicate any other names by which former employers would know you. _____

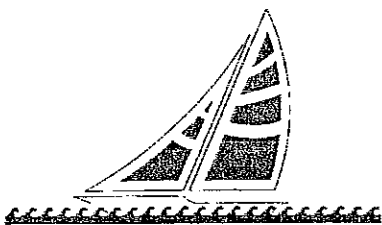
May we contact each of your former employers for employment verification? Yes No

Other Information (Optional)

| | | |
|--|------------------------------|-----------------------------|
| Do you have a Social Security Number? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If not, have you tried to get one and failed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If not, do you have an Alien Registration Receipt Card? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you legally accept permanent employment in the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you between the ages of 18 and 70? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, please state your date of birth _____ | | |
| Have you ever been bonded on a job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, when and where? _____ | | |
| Could you be bonded? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (Getting bonded can be difficult for persons who have been convicted of certain criminal offenses. This information will not necessarily preclude you from consideration for employment with the City of Detroit Lakes.) | | |
| Do you know of any physical, mental or medical impairment condition that you have that could interfere with your performance on the job for which you have applied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (Employment is contingent on applicant meeting minimum physical/ mental demands of the position.) | | |
| Is transportation available to you so that you could get to work every day on time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you filed an application here before? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been employed here before? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please briefly summarize all the reasons why you think you should be selected for this position:

Signature of Applicant



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 Number: _____

Are you receiving or eligible for a military pension? Yes No

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

Preference Requested:

- Veteran
- Disabled Veteran
- Spouse of Disabled Veteran
- Spouse of Deceased Veteran

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 seven (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.

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5 Points

10 Points

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

A veteran, for purposes of offering a preference, is a citizen of the United States or a resident alien separated under **honorable conditions** (an applicant who received anything other than an honorable discharge does not qualify for veterans preference points) from any branch of the U.S. armed forces:

- * After having served on active duty for 181 consecutive days; or
- * By reason of disability incurred while serving on active duty; or
- * Who has met the minimum active duty required as defined by CFR, Title 38, Section 3.12a; or
- * Who has active military service certified under 38 U.S.C.A. Section 106, Part I, Chapter 1.
(This section describes some forms of military service not identified elsewhere in the law.)

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 THE 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 seven (7) calendar days after the application deadline for the position.

Affirmative Action Applicant Tracking Form

The City of Detroit Lakes is committed to the concept of equal employment opportunity. In order to help make this commitment a reality, Detroit Lakes has established an affirmative action plan, which requires that the City monitor its applicants to assure equal treatment to individuals within protected classes. All information on this form is for the sole use of the Affirmative Action Officer and is NOT available to individuals involved in the selection process.

Completion of this form is required.

1. Title of position applied for: _____
2. How did you learn of this job opening: _____
3. Sex _____
4. Race _____
5. Did you list any physical handicaps: _____
If Yes, please describe those handicaps: _____
6. Did you list any criminal convictions on this application: _____