



# City of Landfall Village

ONE FOURTH AVENUE  
 LANDFALL, MINNESOTA 55128  
 TELEPHONE: 651-739-4123  
 FAX: 651-702-6067

Title of Job Applied for <i>(Type or Print in Black Ink)</i>			Date		
Last Name		First Name			MI
Home Phone	Work Phone		Cell Phone <i>(Optional)</i>		
Street Address	Apt. No.	City		State	Zip Code

*If you should move after applying for this position, please notify the City in writing immediately of your change of address and phone number.*

•	Are you 16 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•	Are you legally eligible for employment in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
•	Do you have a valid Minnesota driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No Class Type: _____
•	Have you ever been convicted of a felony? <i>(Conviction will not necessarily disqualify you for employment. However, conviction of a crime related to this position may result in your being rejected for this position.)</i>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain: _____
•	How did you hear about this position? <i>(Please be specific.)</i>		
•	Has any of your education or experience been under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, list other name: _____		

### OTHER APPLICANT INFORMATION—

*AN EQUAL OPPORTUNITY EMPLOYER, the City of Landfall Village will hire and promote without regard to such non-job related distinctions as race, creed, color, age, religion, sex, marital status, status with regard to public assistance, national origin, physical or mental disability or sexual orientation.*

*DATA PRIVACY: The information on this application is necessary to identify you and determine your suitability for this position. You must supply this information in order to be considered for employment. Background investigations may be conducted on the top candidates to determine suitability for the position. If required, you will be notified and a release will be obtained.*

**EMPLOYMENT HISTORY** — Please list starting with your PRESENT or MOST RECENT position. Please give length of employment only (not dates) for experience *beyond 12 years*. Attach additional page(s) if necessary.

Company Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

All titles held with dates: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Is this volunteer work? \_\_\_\_\_  
 \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
 \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

<u>Job Duties</u> (of current or most recent position)	<u>% of time performing duty</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

If you are currently working, may we contact your present employer about your work?  Yes  No

Company Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

All titles held with dates: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Is this volunteer work? \_\_\_\_\_  
 \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
 \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

<u>Job Duties</u> (of last position held)	<u>% of time performing duty</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Company Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

All titles held with dates: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Is this volunteer work? \_\_\_\_\_  
 \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
 \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

<u>Job Duties</u> (of last position held)	<u>% of time performing duty</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

If you need more space, please attach additional sheets. Although you must fully complete this application, you may also include a job resume or other description of your work, volunteer or personal experiences that are relevant to this position. *If a questionnaire is included as an application supplement for the position, it must be completed for you to be considered.*

## EDUCATION

Check the last grade of school completed: 5 6 7 8 9 10 11 12 GED

Did you graduate?  Yes  No

Name of Last High School Attended: \_\_\_\_\_ City/State \_\_\_\_\_

Name and Location of College, University, Technical, Professional, Business, Trade, or Other School	Total Number of Credits Earned (Specify Quarter or Semester credits)	Certificate or Degree & Date Received: Describe— BA/BS/MA/AA/Etc.	Major/Minor Subject

**MEMBERSHIP IN CIVIC AND PROFESSIONAL ORGANIZATIONS**  
*Please describe*

**RELEVANT JOB-RELATED LICENSES AND CERTIFICATIONS**  
*Please list (with expiration dates if applicable)*

### YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.87 on data privacy require that you be informed that some of the information which you are asked to provide in the employment application process is considered private data.

This means it is available only to you, the City of Landfall Village officials, their representatives who have a bona fide need for it and any other individuals or officials as required by State or federal law or court order. This data will be used to identify you within the hiring process. Refusal to supply requested information may mean your application would not be considered.

Your name is considered private until you become a finalist for employment with the City of Landfall Village. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

## EMPLOYEE CERTIFICATION

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

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.
2. I authorize the City of Landfall Village and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying. This includes authorization to obtain a copy of my driver's license information and records.
3. I understand that only the City Council has the authority to make employment agreements.
4. I hereby authorize all current and previous employers and schools to release, to the City of Landfall Village, data classified as private. The data which I authorize to be released consists of private data, as defined by M.S. 13.02, Subd. 12, and has been or will be collected by the City of Landfall Village and/or its agents and/or representatives. This information includes all data which has been collected, created, received, retained, or disseminated in whatever form which is in any way related to employment. I fully understand that the purpose of permitting the City of Landfall Village to have access to this information is to determine my suitability for employment for the (list job title) \_\_\_\_\_ position. I release all parties from any and all liability and claims for damage whatsoever that may result therefrom.

This authorization shall be valid for one year, but I reserve the right to, any time prior to expiration, cancel this authorization by providing written notice to the City of Landfall Village. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

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Name (*Print*)

Signature

Date

Note: If you need an accommodation due to disability for the hiring process or to work, please contact the City of Landfall Village at (651) 739-4123.

# CITY OF LANDFALL VILLAGE

## ADDENDUM TO APPLICATION FORM

### VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

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:

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

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 OR THE VETERAN'S DEATH CERTIFICATE ALONG WITH THE DD214 AND/OR FL-802.

If you are supplying 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 7 calendar days after the application deadline for the position.

<b>VETERAN'S PREFERENCE POINTS APPLICATION</b>	
Veteran:	<input type="checkbox"/> Self <input type="checkbox"/> Spouse   If spouse, veteran's name: _____
Branch of Service: _____	Period of Active Duty _____
Rank at discharge: _____	Date of Final Discharge: _____
Service Number: _____	Do you have compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preference Requested:	<input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> 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 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

# CONFIDENTIAL

## Equal Employment Opportunity Information

The purpose of collecting the data requested below is to comply with State and Federal Equal Opportunity Employment reporting and other legal requirements. Periodic reports may be made to the state or federal government using the following information. ***This form will be filed separate from your application and it will not be used in evaluating you for employment.*** The following information is requested for reporting purposes only. Please note that your cooperation in providing the following data is *voluntary* and inclusion or exclusion of data will not affect any recruitment selection decisions.

Name		Date of Birth:	
Address			
City		State	Zip Code
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Title of Position Applying For		Today's Date	
<i>With which racial/ethnic group do you identify? Please check ONE of the following:</i>			
<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander			
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other			
<i>How did you learn about this position? Please check one:</i>			
Newspaper/Publication: <input type="checkbox"/> Pioneer Press <input type="checkbox"/> Star Tribune <input type="checkbox"/> Other _____			
<input type="checkbox"/> City of Landfall Village Employee			
Other: _____			