APPLICATION FOR EMPLOYMENT
CITY OF LA CRESCENT

315 Main Street - La Crescent, MN 55947
Phone: (507) 895-2595

TO THE APPLICANT

We appreciate your interest in seeking employment with the City of La Crescent. Completing this application will assist us in understanding your work history and education background. The City of La Crescent is an Equal Opportunity/Affirmative Action employer. The City follows the principles of non-discrimination in employment, complying with all federal, state and local laws and requires all City employees to comply with such laws.

A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH POSITION. REVIEW THE QUALIFICATION REQUIREMENTS CAREFULLY.
Applications are accepted only for the job posted and MUST BE POSTMARKED by the closing date.

POSITION APPLYING FOR:	**DATE OF APPLICATION:**

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS Number Street City State Zip Code

TELEPHONE NUMBER(S) Home: ( ) Cell ( )
Business: ( )

EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED A GED?
___YES ___NO NAME OF HIGH SCHOOL ATTENDED:

NAME AND LOCATION OF COLLEGE, TECHNICAL, MILITARY, PROFESSIONAL, BUSINESS, TRADE OR OTHER SCHOOL,	NUMBER OF YEARS ATTENDED	DEGREE OF CERTIFICATE OBTAINED	MAJOR/MINOR

SPECIAL SKILLS/LICENSES

List skills you possess which are required for the job as stated in the job announcement, such as driver's license (give type and number) ability to operate specialized machinery or equipment, or professional registration or licensing. Indicate any training you have had which is directly related to the job for which you are applying.

_____

_____

_____

EMPLOYMENT HISTORY

PLEASE GIVE ACCURATE, COMPLETE, FULL-TIME AND PART-TIME RECORD. START WITH PRESENT OR MOST RECENT EMPLOYER. BE COMPLETE. Experience and training ratings are determined by the information you provide and your score is based upon it. **DO NOT MARK APPLICATION "SEE RESUME"**. Account for **ALL** your work and include volunteer experience.

1.

EMPLOYER NAME:	TELEPHONE: ( )	MAY WE CONTACT? YES_____ NO_____
ADDRESS:	FROM:	TO:
SUPERVISORS NAME AND TITLE:	WAGES: START:	END:
YOUR JOB TITLE:	REASON FOR LEAVING:	
DESCRIPTION OF MAJOR DUTIES:		

2.

EMPLOYER NAME:	TELEPHONE: ( )	MAY WE CONTACT? YES_____ NO_____
ADDRESS:	FROM: TO:	
SUPERVISORS NAME AND TITLE:	WAGES: START: END:	
YOUR JOB TITLE:	REASON FOR LEAVING:	
DESCRIPTION OF MAJOR DUTIES:		

3.

EMPLOYER NAME:	TELEPHONE: ( )	MAY WE CONTACT? YES_____ NO_____
ADDRESS:	FROM: TO:	
SUPERVISORS NAME AND TITLE:	WAGES: START: END:	
YOUR JOB TITLE:	REASON FOR LEAVING:	
DESCRIPTION OF MAJOR DUTIES:		

YOU MAY SUPPLEMENT THIS INFORMATION BY ATTACHING ADDITIONAL SHEETS IF NECESSARY.
BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

REFERENCES

Work or Education related. (Please do not list relatives.) **TO BE COMPLETED BY ALL APPLICANTS.**

NAME	ADDRESS	PHONE (daytime)	OCCUPATION

APPLICATION FOR VETERAN'S PREFERENCE POINTS

Eligibility:
Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their training and experience examination results. Points are awarded subject to the 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 the 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 veterans points without it.

Instructions:
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 FL-802 or death certificate.

If you do not include these documents with this application, be sure to include your name, and the name of position for which you are applying, when you do submit the documents.

All documentation must be received no later than 7 calendar days after the application deadline for the position for which you are applying.

VETERAN'S PREFERENCE APPLICATION

VETERAN: ____ SELF ____ SPOUSE

IF SPOUSE, VETERAN'S NAME:_____

BRANCH OF SERVICE DATES OF ACTIVE DUTY - FROM: TO:

RANK AT DISCHARGE: DATE OF FINAL DISCHARGE:	TYPE OF DISCHARGE: SERVICE NO.:
DO YOU HAVE A COMPENSABLE SERVICE-RELATED DISABILITY? _____YES ____ NO	
TYPE OF PREFERENCE REQUESTED____ VETERAN ____ SPOUSE OF VETERAN VETERAN	_____DISABLED VETERAN _____ SPOUSE OF DISABLED
SUPPORTING DOCUMENTATION _____ IS ATTACHED WITHIN 7 DAYS OF APPLICATION DEADLINE	_____ WILL BE SUBMITTED
FOR OFFICE USE ONLY _____ 10 POINTS	____ 15 POINTS

_____

SIGNATURE OF APPLICANT

_____

DATE