



City of Prior Lake
 4646 Dakota Street SE, Prior Lake, MN 55372
 Phone: 952.447.9800
 Fax: 952.447.4245
 Web: www.cityofpriorlake.com

Employment Application

All persons are welcome to apply with the City of Prior Lake. 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. Incomplete applications will not be considered. Read the instructions carefully. All information contained in or connected with this application will be considered for use only in conjunction with your possible employment with the City of Prior Lake. You may attach any additional information which you believe qualifies you for the position for which you are applying. Attached materials must supplement the application and not be in lieu of this form and the requested data.

Position Sought	Date Available	Regular Temporary	Full Time Part Time
Last Name, First, Middle Initial		Phone Number (Home/Cell)	
Street Address	City	State	ZIP
Email Address		Annual Salary Desired	

Are you under 18?	Are you under 16?	Are you a US citizen OR, if not, are you eligible to	Are you willing to work overtime
No Yes	No Yes	to Work in this Country? No Yes	if necessary? No Yes

Why are you interested in employment with the City of Prior Lake?

If the position for which you are applying requires certain educational degrees, please fill out this section:	High School 9 10 11 12	Under Graduate 13 14 15 16	Graduate 17 18 19 20+
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Name and Address of High School	
Degree, Diploma or Certificate Received	Major and Minor Subjects

Name and Address of Technical College or University	
Degree, Diploma or Certificate Received	Major and Minor Subjects

Name and Address of Technical College or University	
Degree, Diploma or Certificate Received	Major and Minor Subjects

Begin with your present or most recent employment or occupation. List all of your employers for at least the last five years. Provide complete information. Resumes and additional supporting materials may be submitted but not in lieu of the following. Additional sheets may be used.

Present or Last Employer	Supervisors Name and Title	Phone Number
Position Held	Dates Worked Start End	May we contact? No Yes After I'm a finalist
Responsibilities		
Reason for Leaving		

Previous Employer	Supervisors Name and Title	Phone Number
Position Held	Dates Worked Start End	May we contact? No Yes After I'm a finalist
Responsibilities		
Reason for Leaving		

Previous Employer	Supervisors Name and Title	Phone Number
Position Held	Dates Worked Start End	May we contact? No Yes After I'm a finalist
Responsibilities		
Reason for Leaving		

Trade/professional license or certificates: Please include date issued and expiration.

Skilled Trade Experience: Please list the machinery and equipment you have operated and the number of years of experience you have with them.

Office Equipment/Computer Software Programs: Please list the office equipment and computer software that you operate proficiently and the number of years of experience you have with them.

Continuing Education/Training: Please list any pertinent coursework and training related to the position for which you are applying. Include the title and date.

Other Skills and Experience: Please list any pertinent skills or experience related to the position for which you are applying.

State of Driver's License & Number	Expiration Date	License Classification: A B C D
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List any endorsements

Please provide the names of three persons as references (not related to you) who can testify to your qualifications and character.

Name and Occupation	Address	Phone or Email
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Name and Occupation	Address	Phone or Email
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Name and Occupation	Address	Phone or Email
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Please carefully read the following information "Notice to Applicant" - Data Privacy

The information you supply on this employment application will be used to assess your qualifications for the position for which you are applying. You are not legally required to provide the information but, we will not be able to consider your application without it. The information is requested to distinguish you from other applicants, identify you in our employment files, determine if you meet the minimum qualifications of the position for which you are applying, and to contact you for employment interviews. Completion of the supplementary "**Equal Employment Applicant Tracking Form**" and "**Veteran's Preference Points Application Form**" are voluntary and no adverse consequences will result if you do not complete them. The following information on this application is private data on individuals pursuant to the Minnesota Government Data Practices Act: your name, home address, home phone number, and citizenship status. This information is available only to you, city employees who have a need for it, and persons, organizations and governmental agencies, if they have statutory or judicial authority to gain access. If you are certified as eligible for an employment vacancy, your name will become public data. If you are hired, all information you supply on the application will become public, except your home street address, home phone number, and citizenship status.

Applicant's Statement

I have read the "Notice to Applicant" regarding the MN Data Practices Act and understand my rights as a subject of data. I understand that if I'm a finalist, a background check will be conducted prior to a job offer. I understand that if offered a position, depending upon the position, I may be required to submit to and pass a drug/alcohol screen, a psychological examination, a physical examination and/or a physical ability test. I certify that all the information provided on this application is true and I understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, dismissal from employment upon discovery of the information.

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. By signing this form, I hereby acknowledge I have read and understood the above statements. I understand that this authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

The City of Prior Lake requires a SIGNATURE on all employment applications.

Please submit a paper copy to the address shown on the top of the form *OR* email your application materials to: aschroeder@cityofpriorlake.com

Signature

Date