



LINO LAKES PARKS AND RECREATION
600 Town Center Parkway
Lino Lakes, MN 55014-1182
Phone: 651-982-2440 Fax: 651-982-2439

DATE RECEIVED

Office Use Only

PLEASE EMAIL THIS APPLICATION
TO: recreation@ci.lino-lakes.mn.us

Position Applying For:

(You must specify a position. Please save your application and submit a separate application per position.)

SEASONAL EMPLOYMENT APPLICATION

THE CITY OF LINO LAKES WELCOMES YOU as an applicant for employment. Your application for this position will be considered with others who have applied. It is our policy to provide equal employment opportunities to all. Individuals are evaluated and selected solely on the basis of their qualifications.

Please furnish complete and accurate information. The purpose of the information requested on the application is to assist in determining your eligibility and suitability for the position. You may legally refuse to give the information. If you give the information, that information, or further investigation based on it, could cause your application to be denied. If you refuse to give the information, your application for employment may not be considered. Other persons or entities authorized to receive the information you supply are: Staff of the Lino Lakes Police Department, Bureau of Criminal Apprehension, Anoka County Warrant Office, State of Minnesota Drivers License Section, Anoka County Auditor and other government agencies necessary to process your application.

Use of false statements or omissions of important facts on this application shall be sufficient cause for rejection of this application or dismissal, if hired. The applicant may also be subject to the penalty provisions of Minnesota Statute 43A.39. The City of Lino Lakes has the right to verify the information provided in this application.

You may attach to this application any additional information that helps you explain your qualifications.

Please print clearly or type

Personal Information

Last Name	First	Middle	Previous
Present Address	Street	City	State Zip
Email Address:	Cell Phone		
Telephone Residence:	Telephone Business:	May we call you at work? Yes _____ No _____	
Are you between the ages of 16 and 70? Yes _____ No _____		If "No" state date of birth:	
Do you have a social security number? Yes _____ No _____			

Have you previously been employed by the City of Lino Lakes? If Yes, Dates: _____ Position: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have relatives or in-laws working for the City of Lino Lakes? If Yes, whom? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are not a citizen of the United States, do you have a valid work permit? Number _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid Driver's License? State _____ Class _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you subject to child support or spousal maintenance order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, are you subject to withholding for child support or spousal maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

General Information

Education/Specialized Training/Licenses

	Undergraduate High School	College/University/Technical	Graduate/ Professional
School Name/ Location			
Years Diploma/Degree	9 10 11 12	1 2 3 4	1 2 3 4
Academic Focus			
Specialized Training			
Licenses			
Volunteer Work Internships			
List any professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, sexual orientation, handicap or other protected status.)			

Employment Experience

Start with your present or most recent position. You may list clubs/ organizations you have been involved in or any volunteer experience.

Employer	<u>Dates Employed</u>	Work performed:
Address	From To	
Telephone Number	Salary	
Job Title	Start End	
Supervisor	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain
Reason for Leaving	Hours per week	

Employer	<u>Dates Employed</u>	Work performed:
Address	From To	
Telephone Number	Salary	
Job Title	Start End	
Supervisor	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain
Reason for Leaving	Hours per week	

Employer	<u>Dates Employed</u>	Work Performed:
Address	From To	
Telephone Number	Salary	
Job Title	Start End	
Supervisor	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain
Reason for Leaving	Hours per week	

Employer	<u>Dates Employed</u>	Work Performed:
Address	From To	
Telephone Number	Salary	
Job Title	Start End	
Supervisor	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain
Reason for Leaving	Hours per week	

References

Give the names of three people, other than relatives, who can be contacted regarding your qualifications, work habits, and character.

Name	Address	Phone Number
1.		
2.		
3.		

Important Facts About Information on Your Application

In accordance with the Minnesota Government Data Practices Act, Minnesota Statute 13.04, Subd. 2, The City of Lino Lakes is required to inform you of your rights as they pertain to private data you have provided. The following data is public information and accessible to anyone: veteran's preference status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. All other personally identifiable information is considered private, including, but not limited to, your name, home address and phone number.

Applicant's Signature

I certify that all of the facts as set forth in this Application for Employment are true and complete. My signature confirms that I have read and understand the authorization and notice to applicant set forth above.

I authorize and consent to having the City representatives make inquiries about the content of this application 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 liability for issuing such information.

I understand that if I am applying for a position which requires a commercial driver's license, I am required under federal law to: 1) take and pass pre-employment drug test, 2) authorize former employers to release positive drug and alcohol test results and any refusals to be tested within the previous two years.

Applicant's Signature _____ Date _____

The City of Lino Lakes considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual preference, the presence of a non-job related medical condition or disability, or any other legally protected status. EOE\AA\ADA

CITY OF LINO LAKES - ADDENDUM TO APPLICATION FORM

Name: _____

VETERANS 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 the provisions of MN Statutes 43A.11. To be eligible for veterans preference points, you must:

1. 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 reasons of disability incurred while serving on active duty and be a citizen of the United States or resident alien: or be surviving spouse of a deceased veterans (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veterans preference points. You are not required to supply this information, but we cannot award veterans 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 FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, your name and position applied for must be included.

ARE YOU APPLYING FOR VETERANS 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 this position.

VETERANS PREFERENCE POINTS APPLICATION

____ I am a Veteran Service Number _____

____ Spouse is a veteran - Name and service number _____

Branch of Service

Period of Active Duty

From:

To:

Rank at Discharge

Type of Discharge

Date of Final Discharge

Are you receiving or eligible for a military pension?

YES

NO

Do you have a compensable service related disability?

YES

NO

Preference Requested ____ Veteran ____ Disability

Spouse of ____ Disabled Veteran

Spouse of ____ Deceased Veteran



Applicant Flow Survey

Parks & Recreation Seasonal Employment

TO ALL APPLICANTS:

The information requested below is voluntary and is to determine how effective our recruitment efforts are.

NAME: _____

POSITION APPLIED FOR: _____

HOW DID YOU LEARN ABOUT THIS JOB?

_____ City Website

_____ League of Minnesota Cities Website

_____ MNSCU (Minnesota State Colleges and Universities) Website

_____ High School

_____ Other (please specify) _____

Please include this form with your application or mail separately to:

Human Resources Manager
City of Lino Lakes
600 Town Center Parkway
Lino Lakes, MN 55014-1182

Thank you for your assistance.