

# Application for Employment

We welcome you as an applicant for employment with the City of Lewiston. It is the City of Lewiston's policy to provide equal opportunity in employment. The City of Lewiston will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The City of Lewiston accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact staff at City Hall at 507-523-2257.

## Personal Information

|                  |        |                 |      |
|------------------|--------|-----------------|------|
| Name:            | (Last) | (First)         | (MI) |
| Street Address   |        |                 |      |
| City, State, Zip |        |                 |      |
| Phone Number     |        | Alternate Phone |      |
| Email            |        |                 |      |

Title of Position you are applying for: \_\_\_\_\_

**Please print in INK or type when completing this application**

|                                                                                                   |                                                          |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Are you legally eligible to work in the United States in the position for which you are applying? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will your continued employment require employer sponsorship?"                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you at least 18 years old?                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Educational Information

| Circle the highest grade completed  |                                                                                |                                                                                      |                                                                                |
|-------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1 2 3 4 5 6 7 8<br>Grade School     | 9 10 11 12 GED<br>High School                                                  | 13 14 15 16<br>College/Technical                                                     | MA MS PHD JD<br>Graduate                                                       |
| Did you graduate:<br>(Please check) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>High School</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>College/Technical</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Graduate JD</i> |

| School Name           | Address | Course of study | Degree |
|-----------------------|---------|-----------------|--------|
| High School:          |         |                 |        |
| College:              |         |                 |        |
| Graduate School:      |         |                 |        |
| Technical/Vocational: |         |                 |        |
| Other:                |         |                 |        |

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:

List any current licenses, registrations, or certificates you possess which may be related to this position:

# Employment Experience

List present or most recent employer first. Please note “see resume” is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application.

|                                                                                        |                         |           |
|----------------------------------------------------------------------------------------|-------------------------|-----------|
| Company                                                                                | Name of last supervisor | Hrs./Week |
| Address                                                                                | Start Date              |           |
| City, State, Zip                                                                       | End Date                |           |
| Phone Number                                                                           | Last job title          |           |
| Reason for leaving (be specific):                                                      |                         |           |
| Describe your work in this job:                                                        |                         |           |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |           |

|                                                                                        |                         |           |
|----------------------------------------------------------------------------------------|-------------------------|-----------|
| Company                                                                                | Name of last supervisor | Hrs./Week |
| Address                                                                                | Start Date              |           |
| City, State, Zip                                                                       | End Date                |           |
| Phone Number                                                                           | Last job title          |           |
| Reason for leaving (be specific):                                                      |                         |           |
| Describe your work in this job:                                                        |                         |           |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |           |

|                                                                                        |                         |           |
|----------------------------------------------------------------------------------------|-------------------------|-----------|
| Company                                                                                | Name of last supervisor | Hrs./Week |
| Address                                                                                | Start Date              |           |
| City, State, Zip                                                                       | End Date                |           |
| Phone Number                                                                           | Last job title          |           |
| Reason for leaving (be specific):                                                      |                         |           |
| Describe your work in this job:                                                        |                         |           |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |           |

|                                                                                        |                         |           |
|----------------------------------------------------------------------------------------|-------------------------|-----------|
| Company                                                                                | Name of last supervisor | Hrs./Week |
| Address                                                                                | Start Date              |           |
| City, State, Zip                                                                       | End Date                |           |
| Phone Number                                                                           | Last job title          |           |
| Reason for leaving (be specific):                                                      |                         |           |
| Describe your work in this job:                                                        |                         |           |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |           |

## Unpaid Experience

Describe any unpaid or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).

## Military Experience

Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No

Describe your duties:

Do you wish to apply for Veterans' Preference points: ☐ Yes ☐ No

If you answered "yes," you must complete the enclosed application for Veterans' Preference points, and submit the application and required documentation to the City of Lewiston by the application deadline of the position for which you are applying.

## Authorization

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the City of Lewiston is "at will," and that employment may be terminated by either the City of Lewiston or me at any time, with or without notice.

With my signature below, I am providing the City of Lewiston authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?", contact with my current employer will not be made without my specific authorization.

I have read the included Applicant Data Practices Advisory, and I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of Lewiston in writing of any changes to information reported in this application for employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

**NOTE: VETERANS' PREFERENCE POINTS CANNOT BE CONSIDERED WITHOUT SUPPORTING DOCUMENTATION. ATTACH COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE. DOCUMENTATION MUST BE RECEIVED BY THE APPLICATION DEADLINE OF THE POSTING IN ORDER TO BE CONSIDERED. (VETERAN IS DEFINED BY MINN. STAT. § 197.447)**

**You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other documentation verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, or other documentation verifying service, contact your County Veterans' Service Office.**

The City of \_\_\_\_\_ operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been 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, **or** after having served

the full period called **or** ordered for federal, active duty **and** be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points preference only once when applying for the first promotion after securing public employment.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214, or other documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

|                                       |                                |                                                          |
|---------------------------------------|--------------------------------|----------------------------------------------------------|
| Name (Last) (First) (MI)              | Position For Which You Applied |                                                          |
| Address (Street) (City) (State) (Zip) | Closing Date:                  | Are you a US Citizen or Resident Alien?                  |
|                                       | Phone Number                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**VETERAN (10 points):**

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points)  
Honorably discharged veteran: ☐ Yes ☐ No

**DISABLED VETERAN (15 points):**

("Member Copy 4" of DD214, or other documentation verifying service, and USDVA Summary of Benefits Letter of disability rating decision of 10% or more must be submitted to receive points)

Percent of Disability: \_\_\_\_\_%

Have you ever applied for promotion in public employment? ☐ Yes ☐ No

**SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):**

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate and proof veteran is deceased must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran).

Date of Death: \_\_\_\_\_ Have you remarried? ☐ Yes ☐ No

**SPOUSE OF DISABLED VETERAN (15 points):**

("Member Copy 4" of DD214 or DD215, or other documentation verifying service, and US VA Summary of Benefits Letter of disability rating decision of 10% or more must be submitted to receive points).

How does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

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**AFFIDAVIT:** I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of Lewiston by the required application deadline.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.447, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
  - i. served on active duty for at least 181 consecutive days, or
  - ii. have been discharged by reason of service connected disability, or
  - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
  - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, or other documentation verifying service, USDVA verification that veteran died, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of Lewiston. Please contact our office at Lewiston City Hall, 507-523-2257 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

# Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Lewiston appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:

Gender: ☐ Male ☐ Female

With which racial/ethnic group do you identify?

☐ Black or African American

☐ Hispanic or Latino

☐ American Indian or Alaskan Native through Tribal affiliation or community recognition

☐ Caucasian/White

☐ Asian

☐ Native Hawaiian or other Pacific Islander

☐ Two or more races

Disability status, defined as:

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
- 2) Has a history of a disability (such as cancer that is in remission);
- 3) Is regarded as having such an impairment.

Do you claim disability status? ☐ Yes ☐ No

# **Applicant Data Practices Advisory**

According to Minn. Stat. § 13.04, the City must advise you of the following.  
Purpose and intended use of the data:

The city collects this information for purposes of selecting a candidate for hire. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, including using the BCA's website. Consultant, city staff and elected officials involved in the hiring process will have access to the data provided. Data may be shared upon court order or provided to the state or legislative auditor, upon request.

Whether you may refuse or are legally required to supply this data: Application for employment as well as supplying any data in application for employment is voluntary.

Consequences arising from supplying or refusing to supply this data:

We take pride in hiring the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the city you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

Minors submitting this application have the right to request that parental access to private data be denied. If you wish to make this request, please submit the request in writing to City of Lewiston Administration.

# **GENERAL INFORMATION ON THE MINNESOTA GOVERNMENT DATA PRACTICES ACT FOR APPLICANTS, EMPLOYEES, AND VOLUNTEERS.**

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Lewiston. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Second under “Personnel Data” (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran’s status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the City of Lewiston, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your work time for payroll purposes: except to the extent that release of time sheet data would reveal employee’s reasons for the use of sick or other medical leave or other non-public data;

- Your previous work experience.
- The “complete” terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the city’s Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you is voluntary.

**NOTICE REGARDING SOCIAL SECURITY NUMBER:** This information will be used for payroll taxes, insurance purposes, and retained in the employee’s data record.

**NOTICE TO MINORS:** Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the City of Lewiston City Administrator at 75 Rice St, Lewiston, MN 55952. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**

**NOTICE REGARDING REQUEST FOR MARRIAGE CERTIFICATE FOR VETERANS’ PREFERENCE DOCUMENTATION:** This information will be used for documentation purposes for verifying marital status for requesting applicable spousal Veterans’ Preference credits.

## City of Lewiston

### Police Officer Supplemental Questionnaire

Applicant Name: \_\_\_\_\_

1. The following supplemental information may be used as a scored evaluation of your knowledge, skills, and experience. Be certain that the choices you make correspond to the information you have provided in your application and resume. You must be honest and accurate in answering the supplemental questions and do not type "see resume". You may also be asked to demonstrate your knowledge and skills in a work sample or during an interview for this position. By completing this supplemental questionnaire, you are attesting that the information you have provided is true and accurate. Information provided may be reviewed by the hiring manager. Any misstatements or falsification of information will eliminate you from consideration or may result in dismissal. Do you understand and agree with this statement?  
  
☐ Yes  
☐ No
2. Have you ever been denied employment in a law enforcement related position based on the findings of a background investigation?  
  
☐ Yes  
☐ No
3. MN STAT 626.87 and MN RULES 6700.0700 prohibit certain individuals from licensure if convicted of any felony as an adult. Have you been convicted of a felony since you became 18 years old?  
  
☐ Yes  
☐ No
4. Minnesota Administrative Rule 6700.0700. The Minimum Selection Standards Rule prohibits certain individuals from licensure if convicted of certain crimes. Please indicate if you have been convicted of any crimes listed in this rule.  
  
☐ Yes. If yes, please list convictions: \_\_\_\_\_  
☐ Not Applicable
5. Have you been convicted under any state or federal narcotics or controlled substance law notwithstanding any proceeding under MN STAT 152.18, or any similar law of another state or federal law?  
  
☐ Yes  
☐ No

6. If you indicated in any of the preceding questions that you have received a conviction or convictions, please indicate the nature, date and location of the offense or offenses, the disposition, as well as the terms of any probation requirements that you are under or have successfully completed. If you have not received a conviction or convictions, select Not Applicable. Note: if offered this position, you will be subject to a thorough background pursuant to MN STAT 626.87 and MN RULES 6700.0700.

☐ \_\_\_\_\_

☐ Not Applicable

7. Which of the following best describes your experience as a full time sworn law enforcement officer?

- ☐ Less than 1 year
- ☐ More than 1 year, but less than 2
- ☐ More than 2 years, but less than 3
- ☐ More than 3 years, but less than 4
- ☐ 5 years+
- ☐ I do not have any employment experience as a full time sworn law enforcement officer.

8. Which of the following best describes your active-duty military police experience?

- ☐ Less than 1 year
- ☐ More than 1 year, but less than 2
- ☐ More than 2 years, but less than 3
- ☐ More than 3 years, but less than 4
- ☐ 5 years+
- ☐ I do not have any employment experience as military police.

9. Which of the following best describes your active-duty military experience, other than military police experience?

- ☐ Less than 1 year
- ☐ More than 1 year, but less than 2
- ☐ More than 2 years, but less than 3
- ☐ More than 3 years, but less than 4
- ☐ 5 years+
- ☐ I do not have any active-duty military experience.

10. Which of the following best describes your public contact or face to face customer service-related experience, other than police experience?

- ☐ Less than 1 year
- ☐ More than 1 year, but less than 2
- ☐ More than 2 years, but less than 3
- ☐ More than 3 years, but less than 4
- ☐ 5 years+
- ☐ I do not have any public contact/customer service experience.

11. Which of the following best describes your public safety related experience in corrections, park ranger, security guard or working in a locked facility?
- ☐ Less than 1 year
  - ☐ More than 1 year, but less than 2
  - ☐ More than 2 years, but less than 3
  - ☐ More than 3 years, but less than 4
  - ☐ 5 years+
  - ☐ I do not have any public safety related experience as described above.
12. Have you had an internship in the public safety field?
- ☐ Yes. If yes, name of organization: \_\_\_\_\_
  - ☐ No
13. Have you worked, or are currently working, as a Community Service Officer?
- ☐ Yes. If yes, at which department: \_\_\_\_\_
  - ☐ No
14. Have you been, or currently are, involved with the Police Reserve program as a Reserve Officer?
- ☐ Yes. If yes, at which organization: \_\_\_\_\_
  - ☐ No
15. Do you have an associate degree in criminal justice/law enforcement?
- ☐ Yes
  - ☐ No
16. Have you completed law enforcement skills training?
- ☐ Yes
  - ☐ No
17. Describe your experience dealing with the public?
- ☐ Yes
  - ☐ No
18. Do you have any violations listed on your driving record?
- ☐ Yes. If yes, list violations: \_\_\_\_\_
  - ☐ No
19. Do you have a Minnesota Class D Driver's License?
- ☐ Yes
  - ☐ No

20. Do you have a P.O.S.T license?  
☐ Yes  
☐ No
21. Are you current with P.O.S.T continuing education requirements?  
☐ Yes  
☐ No
22. Do you have training and experience in communications?  
☐ Yes  
☐ No
23. Do you have experience with public speaking?  
☐ Yes  
☐ No
24. Do you have situational training?  
☐ Yes  
☐ No
25. Do you have experience with the use of computers?  
☐ Yes  
☐ No

By completing this supplemental questionnaire, you are attesting that the information you have provided is true and accurate. Information provided may be reviewed by the hiring manager. Any misstatements or falsification of information will eliminate you from consideration or may result in dismissal. I understand and agree with this statement.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_