



# APPLICATION FOR EMPLOYMENT

**Please return completed form to:**

Marshall Lyon County Library • 201 C Street • Marshall, MN 56258  
 Phone: 507/537-7003 • Fax: 507/537-6745 • E-mail: [luanna@marshallyonlibrary.org](mailto:luanna@marshallyonlibrary.org)  
 Website address: [www.marshallyonlibrary.org](http://www.marshallyonlibrary.org)

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_  
 Veterans Preference: Y N

**The Marshall Lyon County Library is an Equal Opportunity Employer.** It is our policy to provide equal opportunity in employment. The Library will not discriminate on the basis of race, color, creed, religion, national origin, ancestry, gender, sexual orientation, disability, age, marital status, status with regard to public assistance, membership or activity in a local human rights commission, or any other basis protected by law.

**Applications are accepted only for open positions or those for which a roster is being established for future openings. A separate application form is required for each position. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek.**

--- PLEASE PRINT CLEARLY OR TYPE ---

Title of Specific Position for Which You are Applying		Today's Date		Date Available for Work	
Last Name		First Name		M.I.	
Street Address			City	State	Zip
Daytime Phone			Business Telephone		
			May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email address					
Are you at least 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, date of birth: ____/____/____					
Do you wish to apply for Veterans Preference points? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", you must complete the application for Veterans Preference points and submit it to Human Resources.					
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			In accordance with the Immigration Reform and Control Act of 1986, the Marshall Lyon County Library only hires U.S. citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.		
Do you have relatives working for the Marshall Lyon County Library? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship to you: _____			By which department(s) are they employed: _____		
Employment type desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Paid-on-call (FD or CAT team) <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/Temporary			Have you previously been employed by the Marshall Lyon County Library? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date(s) _____ Position(s) _____		

## EDUCATION

Did you graduate from high school or receive a GED?       Yes     No

Type of School	Name and Location	Dates From / To	Major/Minor Areas of Study	Degree/Certificate Earned
High School				
Trade/Business / Vocational				
Undergraduate Studies				
Graduate Studies				
Apprenticeship(s) Served or Trade Learned				

## SKILLS / TRAINING / LICENSES / PROFESSIONAL MEMBERSHIP

**If position requires a valid driver's license, please complete this section:**

DL Number	State Issued	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Expiration Date ___/___/___
List any endorsements:			

List any current license, registration, or certification you possess which may be related to this position, including the expiration date(s):	
List qualifications, skills, courses, or training you have that may provide you with skills related to this position:	
List any relevant equipment you are trained or licensed to operate:	
Computer experience: <input type="checkbox"/> Yes <input type="checkbox"/> No List the computer software programs you are proficient in:	
Have you ever been dismissed or asked to resign from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain:	
Describe any unsalaried or volunteer experience relevant to the position for which you are applying:	
This space may be used to add any additional information you deem relevant for the Marshall Lyon County Library to better assess your suitability for the position applied for:	

## EMPLOYMENT EXPERIENCE

Experience and ratings are determined by this information, please be complete. List employment history in past 10 years with most recent employer first. Include paid and unpaid experience. **Do not use "See Resume" or similar.** Attach additional sheets if needed. Resumes will be considered in addition to, but not in lieu of, this application.

Employer:	Length of Employment
Address:	From (Month/Year): _____
Phone Number:	To (Month/Year): _____
Your Title:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Supervisor's Title:	Hours worked per week: _____
Supervisor's Name:	Last salary: _____
Principal Responsibilities (be complete):	Reason for Leaving or Seeking Other Employment:
Number and type of positions you supervised:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but not until job is offered <input type="checkbox"/> No If no, explain:
Employer:	Length of Employment
Address:	From (Month/Year): _____
Phone Number:	To (Month/Year): _____
Your Title:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Supervisor's Title:	Hours worked per week: _____
Supervisor's Name:	Last salary: _____
Principal Responsibilities (be complete):	Reason for Leaving or Seeking Other Employment:
Number and type of positions you supervised:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but not until job is offered <input type="checkbox"/> No If no, explain:

**EMPLOYMENT EXPERIENCE, continued**

Employer:	Length of Employment
Address:	From (Month/Year): _____
Phone Number:	To (Month/Year): _____
Your Title:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Supervisor's Title:	Hours worked per week: _____
Supervisor's Name:	Last salary: _____
Principal Responsibilities (be complete):	Reason for Leaving or Seeking Other Employment:
Number and type of positions you supervised:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but not until job is offered. <input type="checkbox"/> No If no, explain:
Employer:	Length of Employment
Address:	From (Month/Year): _____
Phone Number:	To (Month/Year): _____
Your Title:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Supervisor's Title:	Hours worked per week: _____
Supervisor's Name:	Last salary: _____
Principal Responsibilities (be complete):	Reason for Leaving or Seeking Other Employment:
Number and type of positions you supervised:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but not until job is offered. <input type="checkbox"/> No If no, explain:

## DATA PRACTICES ADVISORY

The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position for which you are applying. You may legally refuse, but refusal to supply the requested information will mean that your application for employment may not be considered.

Information requested on your application that is defined by State Statute as public may be released on request and includes job history, education and training, rank on our eligibility list, relevant test scores, veteran's status, and work availability.

Your name is private except when you are certified as eligible for appointment to a vacancy or selected as a finalist for the position. Certain other information requested on your application is private and may be released only to you or to governmental entities authorized access by law (MS 13.02, Subd. 12). Private data contained above:

**NAME:** Used to identify you in relation to other applicants.

**LOCAL/PERMANENT ADDRESS/PHONE NUMBERS:** Used to contact you regarding your application's status. You are not legally required to provide this information. Failure to provide this information may result in a delay in processing or notifying you of your application's status.

**LICENSE INFORMATION:** Used to certify applicants for position where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in your rejection as an applicant for these positions.

**AGE RANGE:** Use to accurately certify applicants for certain types of work according to State law. You are legally required to provide this information. Failure to provide this information may result in rejection of your application.

**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.

**CITIZENSHIP STATUS:** Used to certify applicants for work in the United States as determined by laws of the United States Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

**EMPLOYMENT:** If you are selected for employment with the Library, the following additional information about you will be public: your name, actual gross salary and salary range; contract fees; actual gross pension; the value and nature of your fringe benefits; the basis for and the amount of any added remuneration, such as expenses or mileage reimbursement, in addition to your salary; your job title; job description; bargaining unit (if applicable); the dates of your first and last employment with the Library; the status of any written complaints or charges against you while at work, regardless of whether or not they have resulted in disciplinary action; the final disposition of any disciplinary action taken against you, specific reasons for it, and all supporting documentation about your case; terms of any agreement settling administrative or judicial proceedings; your work location and work telephone number; your employee identification/badge number; honors/awards received; your education/training background and previous work experience; your work-related continuing education; and payroll time sheets. Information not listed as public, which is maintained as part of your personnel record, is private, and will not be shared with anyone but those members of our staff and appointing authorities whose work assignment requires access, those persons authorized by law to have access, and those persons to whom you have given your informed written consent. Examples, but not an exclusive listing, of those authorized by law to have access to personnel data include labor organizations to the extent they need it in the conduct of normal business as your representative, insurance providers, Library contractors whose contracts require access (e.g., the City Attorney or insurance claims adjuster), Public Employees Retirement Association, Internal Revenue Service, Social Security Administration, State Department of Employment and Security and any other entity authorized by law. Personnel data will be disclosed as required by a court order or for the purposes of wage attachments, and as may be required by any State or Federal law subsequently enacted.

This information is subject to change consistent with subsequent amendments to the MN Government Data Practices Act. For further information refer to MN Statutes Ch. 13.

## CONVICTION INFORMATION

No person shall be disqualified from public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining the effect of a conviction, the Library shall consider the requirements of MN Stat. Ch. 364. Applicants who are finalists for certain positions will be subject to a criminal background investigation. I understand that a conviction of a crime related to this position may result in my being rejected for this job opening.

## PHYSICAL AND PSYCHOLOGICAL EXAMINATION

If you are hired for this position, you may be required to undergo a physical and/or psychological examination at the Library's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner and whether or not reasonable accommodations are necessary for you.

## AUXILIARY AIDS AND ASSISTANCE

If you have a job-related disability and require a reasonable accommodation to compete in the application process, please contact the Library Office Manager, 201 C Street, telephone number 507/537-7003.

## APPLICANT CERTIFICATION, AUTHORIZATION, AND RELEASE

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. I understand and agree that any false statements or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or may result in immediate dismissal, without notice or benefits, if discovered at a later date. False information or misrepresentation may subject me to the penalty provisions in accordance with MN Statute 43A.39. I acknowledge that if offered a position with the Marshall Lyon County Library, that employment is "at will" and that employment may be terminated by either the Marshall Lyon County Library or me at any time, with or without notice.

I authorize the Marshall Lyon County Library and/or any agency acting on its behalf to investigate/verify all information I provided on this application and any supplemental materials I submitted. I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact this employer?," contact with my current employer will not be made without my specific authorization. I authorize the collection, use and release of any and all information concerning me, including information of a confidential or privileged nature, which relates to my employment. Moreover, I hereby release the Marshall Lyon County Library and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person. I understand that the failure to provide the data required for this position, including my signature, may result in the rejection of my application.

**Note for on-line applicants:** by submitting my application via e-mail, I do agree that all the information provided is true and accurate. If I am invited to an interview, I will be requested to sign my original application at that time.

**I declare that all information provided is true and complete and acknowledge that I have read and understand the information above.**

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

*The following information is voluntary and confidential. The purpose of collecting this information is to evaluate our overall efforts in reaching all segments of the population. This form will be filed separate from your application and it will not be used in our recruitment evaluation process. The inclusion or exclusion of data will not affect any recruitment selection decisions. The Marshall Lyon County Library appreciates your cooperation in our efforts to ensure equal opportunity.*

**Title of position for which you are**

**applying:** \_\_\_\_\_

**How did you learn about this position? (please check all that apply)**

- Library Website (www.marshalllyonlibrary.org)       Facebook       Twitter
- School/University website       Job Fair
- School or College counselor       Bulletin Board or other announcement
- Workforce Center       Friend or relative working for the Marshall Lyon County Library
- Other internet website: \_\_\_\_\_
- Other: (pls. specify) \_\_\_\_\_

**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

**Do you claim disability status?**

Yes       No

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**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 impairment.*