



## Application for Employment

We welcome you as an applicant for employment with LPRW. It is LPRW's policy to provide equal opportunity in employment. LPRW will not discriminate based on race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status regarding 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.

LPRW 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 LPRW at 507-368-4248.

### Personal Information

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

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

Title of position applying for:	
Are you legally eligible to work in the United States in the position for which you are applying? <i>Proof of citizenship or work eligibility will be required as a condition of employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your continued employment require employer sponsorship?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Educational Information

	GED/ High School	College/Technical	Graduate
Did you graduate: (Please check)	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>High School</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>College/Technical</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Graduate JD</i>

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

## 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 LPRW is "at will," and that employment may be terminated by either LPRW or me at any time, with or without notice.

With my signature below, I am providing LPRW 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 LPRW in writing of any changes to information reported in this application for employment.

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Signature

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Date

# 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. LPRW 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



