

**PUBLIC NOTICE
CITY OF HOYT LAKES**

The City of Hoyt Lakes is accepting applications for the part time/seasonal position Golf Course Assistant Greenskeeper at the hourly rate of \$17.11.

Application packets are available on the City of Hoyt Lakes website www.hoytlakes.com or can be picked up at the Clerk's Office, 206 Kennedy Memorial Drive, Hoyt Lakes. Positions exist from approximately May 11 through September 30, 2026. Deadline for applications is 11:30 a.m. on Friday, April 17, 2026. All applicants must possess a valid Minnesota driver's license.

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Post: April 6, 2026

Website: April 6, 2026

Arena Sign: April 6, 2026

Facebook: April 6, 2026

Attach: Position Description & City Application



City of Hoyt Lakes Job Description

Position Title: Assistant Greenskeeper
Department: Recreation
FLSA Status: Non-exempt
Pay Equity Points: 4

Primary Objective of Position

Performs skilled maintenance work at the golf course and performs related duties as required.

Essential Functions of the Position

Essential duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them if the work is similar, related, or logical to the position.

- Develops and oversees programs, policies, procedures and practices for all golf course activities.
- Opens and locks facilities.
- Assist in the security and maintenance at the golf course.
- Performs all grounds keeping activities at the golf course including mowing, line trimming and other Golf Course duties.
- Performs all operations, maintenance, and improvements to the golf course irrigation system.
- Performs maintenance, repair and preventive maintenance of grounds keeping equipment.
- Maintains golf course grounds such as tee boxes and sand traps.
- Purchases supplies, materials, parts and equipment as needed for the golf course.
- Ensures safety rules are followed.
- Coordinates maintenance and repair with Golf Course Superintendent.
- Enforces golf course use rules and regulations including the payment of fees.
- Training of all golf course employees.
- Performs renovation/upgrades of golf course grounds; rebuild/add tee boxes, sand traps, etc.
- Performs maintenance repair, and preventive maintenance on all golf course buildings including clubhouse, maintenance garage, pump houses, and golf cart storage buildings.
- Maintains golf course driving range including grounds keeping, ball retrieval, and ball machine stocking and repair.

Examples of Performance Criteria

- Demonstrates a working knowledge of grounds maintenance, greens maintenance, including chemical treatment, safety, golf, use and maintenance of equipment, carpentry, painting.
- Demonstrates a positive attitude toward job assignments and tasks to be performed.

- Shows initiative in recommending methods to improve safety, efficiency, and quality on the job.

Minimum Qualification

- Valid Class D driver's license

Desirable Qualifications

- Experience working at a golf course
- History of safe work habits

Supervision of Others

None.

Equipment/Job Location

The work environment characteristics described are representative of those an employee encounters while performing the essential functions of the job. Duties performed are typically outside, and, therefore, subject to climatic extremes.

Conditions of Employment

- Must comply with organizational and department policies
- Valid Class D driver's license

This position description does not constitute an employment agreement between the employer and the employee and is subject to change by the employer as the needs of the city and requirements of the job change.

The City of Hoyt Lakes is an Equal Opportunity Employer in compliance with the Americans with Disabilities Act. It will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

City of Hoyt Lakes
 ADA Physical and Environmental Job Factors

Department: Recreation
 Job Descriptions: Assistant Greenskeeper

Physical Requirements Check-Off Form

How much daily/weekly on-the-job time is spent on the following?

| | None | Up to | | Over |
|--------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | | 1/3 | 2/3 | 2/3 |
| Stand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Walk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Sit | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Use hands to finger, handle, or feel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Reach with hands and arms | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Climb or balance | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Stoop, kneel, crouch, or crawl | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Talk or hear | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Taste or smell | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Does this job require weight be lifted or force be exerted? If so, how much and how often?

| | Amount of Time | | | |
|----------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | None | 1/3 | 2/3 | Over 2/3 |
| Up to 10 pounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Up to 25 pounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Up to 50 pounds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Up to 100 pounds | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| More than 100 pounds | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Does this job have any special vision requirements?

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Close vision (clear vision at 20 inches or less) |
| <input checked="" type="checkbox"/> | Distance vision (clear vision at 20 feet or more) |
| <input checked="" type="checkbox"/> | Color vision (ability to identify and distinguish colors) |
| <input checked="" type="checkbox"/> | Peripheral vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point) |

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Depth perception (three-dimensional vision, ability to judge distances and spatial relationships) |
| <input checked="" type="checkbox"/> | Ability to adjust focus (ability to adjust the eye to bring an object into sharp focus) |
| <input checked="" type="checkbox"/> | Night vision (clear vision during dusk, dawn, and nighttime hours) |
| <input type="checkbox"/> | No special vision requirements |

Specify the essential job duties that require the physical demands indicated above.

| |
|------------------------|
| Golf course operations |
|------------------------|

Other factors that are applicable may be added as appropriate.

City of Hoyt Lakes

ADA Physical and Environmental Job Factors

Department: Recreation

Job Descriptions: Assistant Greenskeeper

Work Environment Check-Off Form

How much daily/weekly exposure to the following environment conditions does this job require?

| | Amount of Time | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | None | Up to | | Over |
| | | 1/3 | 2/3 | 2/3 |
| Work alone | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Work with others | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work around others | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Public contact | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Extended day | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Wet or humid conditions (non-weather) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work near moving mechanical parts | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work with pressurized equipment | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work in high, precarious places | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toxic or caustic chemicals | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Burning material/equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explosive material/equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outdoor weather conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Extreme cold (non-weather) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extreme heat (non-weather) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk of electrical shock | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk of radiation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fumes/odors | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dirt/dust | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vibration | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Small and/or enclosed spaces | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How much noise is typical for the work environment of this job?

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Very quiet conditions (e.g. forest trail, isolation booth) |
| <input type="checkbox"/> | Quiet conditions (e.g. library, private office) |
| <input type="checkbox"/> | Moderate noise (e.g. business office, light traffic) |
| <input checked="" type="checkbox"/> | Loud noise (e.g. metal can manufacturing, large earth-moving equipment) |

| | |
|--------------------------|--|
| <input type="checkbox"/> | Very loud noise (e.g. jack hammer work, front row at a rock concert) |
|--------------------------|--|

Specify the essential job duties that require the physical demands indicated above.

| |
|---|
| <p>Equipment/Job Location – Typically work outdoors at the golf course Occasional indoor work at the golf course.</p> |
|---|

Other factors that are applicable may be added as appropriate.



City of Hoyt Lakes

Application for Employment

206 Kennedy Memorial Drive
Hoyt Lakes, MN 55750
info@hoytlakes.com
218-225-2344

We welcome you as an applicant for employment with the City of Hoyt Lakes. It is the City of Hoyt Lakes' policy to provide equal opportunity in employment. The City of Hoyt Lakes 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 Hoyt Lakes 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 the Clerk's Office at 218-225-2344.

Please print in INK or type when completing this application

| |
|---------------------------------|
| Title of position applying for: |
|---------------------------------|

Personal Information

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

| | | |
|---|-----|----|
| 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> | Yes | No |
| Will your continued employment require employer sponsorship? | Yes | No |
| Are you at least 18 years old? | Yes | No |
| If no, please indicate date of birth: _____ | | |

Educational Information

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

| School Name | 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): | | |
| <hr/> <hr/> | | |
| Describe your work in this job: | | |
| <hr/> <hr/> <hr/> <hr/> <hr/> | | |
| May we contact this employer? Yes 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): <hr/> <hr/> | |
| Describe your work in this job: <hr/> <hr/> <hr/> <hr/> | |
| May we contact this employer? Yes 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): <hr/> <hr/> | | |

Describe your work in this job:

May we contact this employer? Yes 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? Yes 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 Hoyt Lakes 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 Hoyt Lakes is "at will," and that employment may be terminated by either the City of Hoyt Lakes or me at any time, with or without notice.

With my signature below, I am providing the City of Hoyt Lakes authorization to verify all information I provided within this application packet, including contacting current or previous employers, references, and conducting background investigation. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact this employer?", contact with that 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 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 Hoyt Lakes in writing of any changes to information reported in this application for employment.

Signature

Date

Driving Record Release of Information

| | | | |
|---|--------|---------|------|
| Name: | (Last) | (First) | (MI) |
| Maiden, Alias, or Former Names | | | |
| Date of Birth | | Sex | |
| Diver's License Number and State of Issue | | | |

I, _____ (Full Name: *first, middle, last*), am the person named in an application for employment with the City of Hoyt Lakes.

I realize I am not legally required to sign this form, but if I do not, the City of Hoyt Lakes will not be able to determine whether my driving record or conviction record, if any, is a job-related consideration. I understand that if I am rejected as a candidate for the position cited above on the basis of a criminal conviction, I will be notified in writing and will be given any rights to processing of complaints or grievances afforded by *Minnesota Statutes*, Chapter 364. I understand that information prepared by the East Range Police Department or other agent acting on the City's behalf is private data; that is, it may be released only pursuant to the statutory provisions of *Minnesota Statutes*, Chapter 13.

I hereby authorize the East Range Police Department or any agent acting on its behalf to inspect and gather information retained by local, county, state, and federal agencies as necessary to determine whether any convictions of a crime or moving traffic violations, for which a jail sentence or more than 90 days could have been imposed, directly related to the position of employment sought by me.

I specifically authorize the East Range Police Department to disclose all criminal history and driving record information to the City of Hoyt Lakes for the purpose of determining my suitability for employment with the City. Moreover, I hereby release the City of Hoyt Lakes, the East Range Police Department, its agents, and any agency named above from any and all liability.

The duration of this authorization shall be for a period no longer than one year from the date of my signature although I understand this authorization can be revoked by me if I indicate such intent in writing. Criminal history background checks will not be conducted on applicants, except for Police and Fire applicants, unless and until the applicant is selected for an interview.

Applicant's 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, who died on active duty or as a result of active duty, 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 for the first promotion after securing employment with the City of _____.

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: | | | Phone Number | Are you a US Citizen or Resident Alien? |
| | | | | YES 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 letter of disability rating decision of 10% or more must be submitted to receive points)

Percent of Disability: _____%

Have you ever been promoted within the City of _____ 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 died on or as a result of active duty 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 USDVA 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):

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 _____ by the required application deadline.

Signature _____

Date _____

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, 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. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.
- 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 on or as a result of active duty, 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 Hoyt Lakes. Please contact our office at 218-225-2344 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

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. Your data will be used to determine eligibility and qualifications for the position, select candidates to interview, and select finalists for the position. 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.

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.

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 Hoyt Lakes. 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 Hoyt Lakes, regardless whether or not they have resulted in disciplinary action, the final disposition of

- any disciplinary action and supporting documentation;
- You 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 works 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.

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 Hoyt Lakes Clerk's Office at 206 Kennedy Memorial Drive, Hoyt Lakes, MN 55750. **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.