City of Hoyt Lakes
Job Description

Position Title: Emergency Medical Technician
Department: Fire/EMS
FLSA Status: Non-exempt
Pay Equity Points: 4

Primary Objective of Position

Performs emergency services through care and transportation of the sick and injured. Performs related duties as required. Responds to emergency circumstances 24 hours a day, including weekends and holidays.

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.

- EMT
  - Responds to emergency call to provide efficient and immediate care to the critically ill and injured and safely transports patients to medical facilities.
  - Determines the nature and extent of illness or injury and establishes priority for required emergency care.
  - Renders emergency care on scene and enroute to medical facility under MnDOT, EMSRB and medical direction guidelines.
  - When patients need extrication from entrapment, assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient. Also uses the prescribed techniques and equipment for removing the patient safely.
  - Complies with State and local regulations when handling the deceased, notifies authorities and arranges for protection of property and evidence at the scene.
  - Assists in lifting the stretcher, placing it in the ambulance and seeing that the patient and stretcher are secured and emergency care is continued without leaving the patient unattended at any time.
  - From the knowledge of the condition of the patient, the extent of injuries, and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by the dispatcher or a physician.
  - Reports directly to the emergency department or control center, the nature and extent of injuries, number being transported and destination to assure prompt medical care upon delivery. For serious cases, may ask for additional advice from the hospital physician or emergency department personnel.
  - Identifies diagnostic signs which may require radio communication with a medical facility for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.

  - Verbally and in writing, reports observations and care of the patient at the scene and in transit, to the emergency department staff for record and diagnostic purposes.
  - Observes the patient enroute to the emergency facility and administers additional care as indicated or directed by physician.

- Incident Response
  - Safely drives the emergency vehicles to the address or location given, using the most expeditious route, depending upon traffic and weather conditions.
  - Reassures patients and bystanders by working in a professional, confident, efficient manner.
  - Responds in ambulance along with fire department to fire or emergency alarm.
  - Radios the dispatcher for additional help or special rescue and/or utility services, as needed.
- Other
  - After each call, ensures that all supplies are restocked and equipment is clean and ready for next use; maintains the vehicles in efficient operating condition; determines if the vehicles are in proper operating condition by checking gas level, oil, water in battery and radiator and tire pressure; maintains familiarity with specialized equipment items used by the ambulance and fire service.
  - Participates in continuing education and training programs.
  - Cleans and maintains ambulance equipment and apparatus as required.
  - Performs equipment inspection and inventory and files appropriate reports.
- Performs all other like or lesser job-related duties as necessary or assigned.

Examples of Performance Criteria

- Required to wear appropriate P.P.E. for the duties they will be performing. This may include; rubber gloves, eye protection, face mask or protective gown, according to the situation.
- Special trained EMT's are required to wear required P.P.E. and special equipment and will follow all S.O.G.'s for; Special Rope Rescue, Diving / Water Rescue, and Auto Extrication
- Demonstrates a working knowledge of emergency medical care.
- Demonstrates a positive attitude toward job assignments and tasks to be performed.
- Is conscientious in the maintenance and operation of equipment.
- Shows initiative in recommending methods to improve safety, efficiency, and quality on the job.

Supervision of Others
May provide on-site direction to full-time employees, seasonal employees, or contract personnel.

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
- Must possess a valid Class D driver's license
- Must complete annual emergency vehicle defensive driving course
- Must complete annual training protocols of the Fire/EMS Department

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: Emergency Medical Services
Job Descriptions: Assistant EMS Director, EMS Director, EMT, Paramedic

Physical Requirements Check-Off Form

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

	None	Up to 1/3	Up to 2/3	Over 2/3
Stand	☐	☐	☒	☐
Walk	☐	☐	☒	☐
Sit	☐	☐	☒	☐
Use hands to finger, handle, or feel	☐	☐	☐	☒
Reach with hands and arms	☐	☐	☐	☒
Climb or balance	☐	☐	☒	☐
Stoop, kneel, crouch, or crawl	☐	☐	☒	☐
Talk or hear	☐	☐	☐	☒
Taste or smell	☐	☐	☒	☐

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

	Amount of Time			
	None	Up to 1/3	Up to 2/3	Over 2/3
Up to 10 pounds	☐	☒	☐	☐
Up to 25 pounds	☐	☒	☐	☐
Up to 50 pounds	☐	☒	☐	☐
Up to 100 pounds	☐	☐	☒	☐
More than 100 pounds	☐	☐	☒	☐

Does this job have any special vision requirements?

- ☒ Close vision (clear vision at 20 inches or less)
- ☒ Distance vision (clear vision at 20 feet or more)
- ☒ Color vision (ability to identify and distinguish colors)
- ☒ 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)
- ☒ Depth perception (three-dimensional vision, ability to judge distances and spatial relationships)

- ☒ Ability to adjust focus (ability to adjust the eye to bring an object into sharp focus)
- ☒ Night vision (clear vision during dusk, dawn, and nighttime hours)
- ☐ No special vision requirements

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

Respond to emergency medical calls, renders emergency care on scene, assist with lifting stretcher and placing in ambulance, incident response. Ability to drive and operate an emergency response vehicle, including but not limited to an ambulance.

Other factors that are applicable may be added as appropriate.

Updated: 01/24/2022

City of Hoyt Lakes
ADA Physical and Environmental Job Factors

Department: Emergency Medical Services
Job Descriptions: Assistant EMS Director, EMS Director, EMT, Paramedic

Work Environment Check-Off Form

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

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

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

- ☐ Very quiet conditions (e.g. forest trail, isolation booth)
- ☐ Quiet conditions (e.g. library, private office)
- ☒ Moderate noise (e.g. business office, light traffic)
- ☐ Loud noise (e.g. metal can manufacturing, large earth-moving equipment)
- ☐ Very loud noise (e.g. jack hammer work, front row at a rock concert)

Specify the essential job duties that create the work environment indicated above.

Equipment/Job Location – responds to public emergency calls on public and private property, indoor and outdoor locations.
Occasional indoor reporting and cleaning work.

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? *Proof of citizenship or work eligibility will be required as a condition of employment.*	☐ 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 *High School*	☐ Yes ☐ No *College/Technical*	☐ Yes ☐ No *Graduate JD*

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): _____ _____		
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	

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

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 Closing Date:	
Address (Street) (City) (State) (Zip)	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 of 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;
- You 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.