

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number (voluntary)

Best time to contact you at home is: \_\_\_\_\_ : \_\_\_\_\_ <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  Yes  No  
If Yes, state name, relationship and location \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time (Please indicate 1 2 3 shift)  
 Part Time (Please indicate Mornings Afternoon Evenings)  
 Temporary (Please indicate dates available \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## EDUCATION

School	Name and Address of School	Course of Study	No. Of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments: Include explanation of any gaps in employment.**


NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: / /

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Describe any job-related training received in the United States military.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**List professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

\_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL INFORMATION**

**Other Qualifications** *Summarize special job-related skills and qualifications acquired from employment or other experience.*

\_\_\_\_\_  
 \_\_\_\_\_

**SPECIALIZED SKILLS (Skills/Equipment Operated)**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

*State any additional information you feel may be helpful to us in considering your application.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES  NO

**PERSONAL/PROFESSIONAL REFERENCES**

Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This Application For Employment is sold for general use throughout the United States. ResourceOne™ assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

# City of Nevis

P.O. Box 108 • Nevis • MN 56467  
Ph. 218-652-3866

Fax 218-652-4668  
E-Mail: neviscty@eot.com

## Informed Consent

The following named individual has made application with this agency for

\_\_\_\_\_ Employment \_\_\_\_\_

Last Name of Applicant (please print) \_\_\_\_\_

First (full)(please print) \_\_\_\_\_

Middle (full)(please print) \_\_\_\_\_

Maiden, Alias or Former (please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex (M or F) \_\_\_\_\_

Social Security Number \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Nevis Administrative Office for the purpose of possible future employment with this agency.

I also authorize the City of Nevis Administration Office to investigate my background and by signing this waiver, allow any person to disclose any past history for the purpose of possible future employment.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

### Tennesen Warning

In accordance with the Minnesota Government Data Practices Act, the City of Nevis is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private. (M.S.13.43.Subd.2) the use of private data we collect is limited to that necessary for the administration and management of the City hiring process. If the city employs you, the data will be available to:

1. City administration / Department of Finance:
2. Internal Revenue Service / Social Service Administration:
3. Department Heads / Supervisors where job openings occur.

The information collected from you or from the other agencies or individuals authorized by you is used it determine your qualifications for employment with the City of Nevis. Unless otherwise authorized by State Statue or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You are not required to provide certain information: however, it may be necessary to determine if you qualify for employment. Disclosure of your Social Security Number and Date of Birth is voluntary unless you are hired. If hired, you must disclose your Social Security Number in order to be in compliance with the State and Federal Tax Withholding Laws. You are not required to provide your home telephone number; however, we may not be able to employ you in certain jobs where you may be required to come to work on short notice.

Your Name and Address are required information. If you do not supply the required information, the City of Nevis will not be able to consider you for employment.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you,
2. The right to be told the contents and meaning of data,
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact: the City Administrator at 218-652-3866.

I have read and understand the above information regarding my rights as a subject of government data.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_