

DATE RECEIVED	APPLICATION FOR EMPLOYMENT City of Bellechester 299 Great Western Avenue Bellechester, MN 55027 651-923-4093		OFFICE USE ONLY INTERVIEW _____	
POSITION APPLIED FOR	DATE OF APPLICATION		DATE AVAILABLE FOR WORK	
LAST NAME		FIRST NAME	MIDDLE NAME	
ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF NO, DATE OF BIRTH _____			HOME PHONE	WORK PHONE
STREET ADDRESS		CITY	STATE AND ZIP CODE	
Do you have any relatives working for the City? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship _____ Department _____				
Employment Condition Desired	Have you previously been employed by the City? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date _____ Position _____			
If position involves driving, please indicate driver's license number. Number _____ State _____ Class _____				
Education. Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No School attended _____				
How many years of education have you had (<i>circle one</i>) 7 8 9 10 11 12 13 14 15 16 17 18 19 20				
Names and Locations of colleges, universities, technical schools		Did you graduate?	Course of Study	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment History. Experience and training ratings are determined by this information –please be complete. List your present or most recent experience first. Attach additional sheets if necessary.				
Employment Firm				
Address		Length of Employment		
Phone Number	Supervisor	From	Month	Year
Your Title	Supervisor's Title	To	Month	Year
Number and Type of positions you supervised		Total	Months	Years
Principal Responsibilities		Hours Per Week	Last Salary	
		Reason For Leaving		
		May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If no, please explain		

Employment Firm		
Address		Length of Employment
Phone Number	Supervisor	From Month Year
Your Title	Supervisor's Title	To Month Year
Number and Type of positions you supervised		Total Months Years
Principal Responsibilities		Hours Per Week Last Salary
		Reason For Leaving
		May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, please explain
Employment Firm		
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Phone Number	Supervisor	From Month Year
Your Title	Supervisor's Title	To Month Year
Number and Type of positions you supervised		Total Months Years
Principal Responsibilities		Hours Per Week Last Salary
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		If no, please explain
Employment Firm		
Address		Length of Employment
Phone Number	Supervisor	From Month Year
Your Title	Supervisor's Title	To Month Year
Number and Type of positions you supervised		Total Months Years
Principal Responsibilities		Hours Per Week Last Salary
		Reason For Leaving
		May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If no, please explain

Relevant current professional memberships, registrations, or licenses. Include date when first issued.

Job-Relevant Volunteer and Unpaid Work Experience

Kind of Volunteer Activity (Do not specify organization)	Major Responsibilities	# Hours Per Month	Years	
			From	To

Describe any additional experience or training that qualifies you for this job. _____

Word Processing/Computer Experience:

Typing Speed _____ WPM Number of Years _____ List Software and Hardware _____

In accordance with the Immigration Reform and Control Act of 1986, the City Of Bellechester hires only 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.

Minn. Stat. Sec. 518.811 Subd. 8, requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to be withheld from income. If hired, you will be required to provide such documentation. Failure to provide documentation will result in dismissal.

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty?

No Yes If "Yes" are you a permanent resident of the State of Minnesota? No Yes

Describe your duties and special training _____

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

Give the names of four people other than relatives who can be contacted regarding your qualifications, work habits, and character.

Name	Present Address	Telephone	Position and Relation to Your Work

The City Of Bellechester does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its programs or activities. It is the policy of the City Of Bellechester to provide reasonable accommodations to the known physical and mental limitation of qualified handicapped applicants and employees in order for the to perform the essential functions of the job in question.

THE CITY OF BELLECHESTER IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

SIGNATURE

The City has the right to verify information provided in the application. I may be discharged if there are any misrepresentations on this application or my resume or made by me in an interview which may be discovered now or anytime in the future. False information or misrepresentation may also subject me to the penalty provisions of M.S. 43A.39.

In connection with this application for employment, I authorize the City Of Bellechester and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the City Of Bellechester and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

- YES YES, but not present employer until job is offered
- NO (We may be unable to hire you without this information)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and I understand the information below.

DATE _____ SIGNATURE(Do Not Print) _____

IMPORTANT FACTS ABOUT YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd.2). If you become employed by the City, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the clerk by letter.