

# EMPLOYMENT APPLICATION

## CITY OF FLOODWOOD

111 West 8<sup>th</sup> Ave.

PO Box 348

Floodwood, MN 55736

Title of job applied for: \_\_\_\_\_  
(Type or print)

\_\_\_\_\_  
Last Name                      First Name                      MI                      Home Phone                      Work Phone

\_\_\_\_\_  
Street Address                      Apt. No.                      City                      State                      Zip

Email Address: \_\_\_\_\_

Are you 16 years of age or older?    Yes    No
Are you legally eligible for employment in the U.S.?    Yes    No
Do you have a valid Minnesota driver's license?    Yes    No    Class Type: _____
Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you for employment. However, conviction of a crime related to this position may result in your being rejected for this position.)    Yes    No If yes, explain: _____
Has any of your education or experience been under another name?    Yes    No
If yes, list other name: _____

### OTHER APPLICANT INFORMATION

AN EQUAL OPPORTUNITY EMPLOYER, the City of Floodwood will hire and promote without regard to such non-job related distinctions as race, creed, color, age, religion, sex, marital status, status with regard to public assistance, national origin, physical or mental disability or sexual orientation.

DATA PRIVACY: The information on this application is necessary to identify you and to determine your suitability for this position. You must supply this information in order to be considered for employment. Background investigations may be conducted on the top candidates if needed to determine suitability for the position. If a background check is required, you will be notified and asked to sign a release.

## EMPLOYMENT EXPERIENCE

List your work history for the last five years. Start with your PRESENT or MOST RECENT position. Additional experience may be listed beyond five years. If included, do not list dates. Give length of employment only.

Employer Name	<u>Dates Employed</u>		Work Performed
Telephone			
Address	<u>Hourly Rate/Salary</u>		
Job Title			Reason for Leaving
Supervisor			

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If you need additional space, please continue on a separate sheet of paper.

If you are currently working, may we contact your PRESENT employer about your work?    Yes    No

Membership in Civic and Professional Organizations

Please describe:

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

*If you need more space, use the last page of the application or attach additional sheets. Although you must fully complete this application, you may **also include a job resume** or other description of your work and volunteer and personal experiences that are relevant to this position. If a questionnaire is included as an application supplement for the position, it must be completed for you to be considered.*

**EDUCATION**

	High School	Technical/College	Graduate/ Professional
School Name			
School Address			
Years Completed: Diploma/Degree			
Describe Course of Study:			
Specialized Training,			
Apprentice-ship, Skills & Extra- Curricular Activities			

**Honors received (school and community):**

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

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**Give name, address and telephone number of three (3) references who are not related to you.**

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**List any correspondence courses, special courses, seminars, workshops, training and skills acquired that might relate to this position. Please review the job description before answering this question.**

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**List any current licenses, registrations or certificates that you possess. Include driver's license number, class and State of Issue.**

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## **YOUR RIGHTS AS A SUBJECT OF DATA**

Minnesota Statutes 13.01 through 13.87 (1983) on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address and Home Phone Number.

This means it is available only to you, the City of Floodwood officials and their representatives who have a bona fide need for it. This data will be used to identify you within the hiring process. Refusal to supply requested information may mean your application will not be considered.

Your name is considered private until you become a finalist for employment with the City of Floodwood. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

## EMPLOYEE CERTIFICATION

**Please be sure to sign this application and read the following statements carefully:**

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.
2. I authorize the City of Floodwood and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. I understand that only the City Council has the authority to make employment agreements.
4. I hereby authorize all current and previous employers and schools to release to the City of Floodwood data classified as private. The data which I authorize to be released consists of private data as defined by M.S. 1302, Subd. 12 and has been or will be collected by the City of Floodwood and/or its agents and/or representatives. This information includes all data which has been collected, created, received, retained or disseminated in whatever form which is in any way related to employment. I fully understand that the purpose of permitting the City of Floodwood to have access to this information is to determine my suitability for employment for the position of which I am applying for. I release all parties from any and all liability and claims for damage whatsoever that may result there from.

This authorization shall be valid for one year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City Council of the City of Floodwood. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

Name: \_\_\_\_\_

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

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

