EMPLOYMENT APPLICATION
City of Vergas
111 E Main PO BOX 32
Vergas, MN 56587
Phone: 218-302-5996 Email: jlammes@cityofvergas.com
www.cityofvergas.com

AN EQUAL OPPORTUNITY EMPLOYER

Application for the position of _____

Directions (please read carefully):

1. **Type or print clearly in ink. Illegible applications may be removed from consideration.**
2. **You may submit a resume with this application.**
3. **I understand that I will be required, prior to hire, to provide proof of eligibility to work in the United States.**
4. **I understand that I will be required, prior to hire, to provide information resulting from felonies or misdemeanors for which I have been convicted.**

Name _____
(Last) (First) (Middle)

Address _____

Telephone number: _____

Are you 21 years of age or older? □ Yes □ No

Where did you learn about us?
□ Advertisement □Friend □Walk-In
□ Employment Agency □Relative □ Other _____

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 _____
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

On what date would you be available for work? _____

Are you available to work: □ Full Time □ Part Time □ Overtime □Temporary

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

Can you travel if job requires it? □ Yes □ No

EMPLOYMENT 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, handicap or other protected status.

1. Employer _____ Dates Employed From _____ To_____
Address _____Telephone Number _____
Job Title _____Supervisor _____
Starting Rate/Salary _____ Final Rate/Salary _____
Reason for Leaving _____
Work Performed _____

2. Employer _____ Dates Employed From _____ To_____
Address _____Telephone Number _____
Job Title _____Supervisor _____
Starting Rate/Salary _____ Final Rate/Salary _____
Reason for Leaving _____
Work Performed _____

3. Employer _____ Dates Employed From _____ To_____
Address _____Telephone Number _____
Job Title _____Supervisor _____
Starting Rate/Salary _____ Final Rate/Salary _____
Reason for Leaving _____
Work Performed _____

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

Special Skills and Qualifications:
Summarize special job-related skills and qualifications acquired from employment or other experience.

_____
_____

Have you ever had any job-related training in the United States military? □ Yes □ No
If yes, please describe?

_____

References:
Give name, address, telephone number of three references who are not related to you are not previous employers.

1. _____
2. _____
3. _____

Education:

	Elementary School	High School School	Undergraduate College/University	Graduate Professional
Name and Location	_____	_____	_____	_____
	_____	_____	_____	_____
Diploma/Degree		_____	_____	_____
Describe Course of Study		_____	_____	_____

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

_____

_____

Describe any honors you have received _____

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

_____

_____

_____

Indicate any foreign languages you can speak, read and/or write

_____

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

_____

_____

_____

BACKGROUND CHECK AUTHORIZATION AND RELEASE

In connection with this application, I hereby authorize any and all former employers and references named in this application or any agent of such a former employer, to release to the City of Vergas and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession.

I authorize any state which has issued a driver's license to me at any time to provide the City with all information in the state's possession concerning my driving record.

I authorize all schools, colleges, universities, and other educational institutions I have attended to provide the City with all information in the institutions possession concerning me.

I understand that the City of Vergas will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires 180 days from the date of my signature, below. I hereby release the City of Vergas and all former employers and references listed herein and any and all agents acting on behalf of the City of Vergas, former employers or references, from any and all liability of whatever nature by reason of requesting or providing such information.

I authorize the use of photocopies of this Background Authorization and Release, and request that photocopies be accepted on the same basis as the original.

Dated: _____ Applicant's signature: _____

Informed Consent Form

City of Vergas
PO Box 32, 131 Main Street
Vergas, MN 56587
(218) 302-5996

Date:_____

Last Name:_____

First Name:_____

Middle Name:_____

Maiden, Alias or Former:_____

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 Vergas for the purpose of employment with this agency.

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

_____ _____
Signature of Applicant Date

TENNESSEN WARNING

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Vergas during the application process or during employment.

Any information about yourself that you provide to the City during the application process will be used to identify you as an applicant and to assess your qualifications for employment with the City. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. If you refuse to supply information requested by the City, it may mean that your application will not be considered.

You are hereby advised that, under Minnesota law, the following information about you must be made available to any member of the public who requests it:

- Veteran status
- Relevant test score
- Rank on eligibility list
- Job history
- Education and training
- Work availability

Your name will not be made available to the public unless you are selected to be interviewed by the City.

All other information about yourself that you provide during the application process or during employment with the City is classified as private under state law. That is, information may not be provided to members of the public except:

- Persons authorized to have access to the information under state law;
- Persons authorized by court order to have access to the information; and,
- Persons to whom you consent in writing to have access to the information.

All individuals in the City who need to know information will have access.

Signature of applicant: _____

Date: _____