

CITY OF ORR
APPLICATION FOR EMPLOYMENT

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: _____ AM ___ PM ___

Position Desired _____ Date you can start _____ Salary Required _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES ___ NO ___

Have you filled an application here before? YES NO If yes, give date _____

Have you ever been employed here before? YES NO If yes, give date _____

Are you employed now? YES ___ NO ___ If yes, may we contact your employer? YES ___ NO ___

Are you available to work: FULL-TIME ___ PART-TIME ___ TEMPORARY ___ Hours available. _____

EDUCATION

Did you graduate from high school or receive an GED?		YES _____	NO ___
Name	Location	# of Years Attended	Diploma/Degree
High School			
College/Trade			
Other			
Special Skills and Qualifications/Additional Information			

Note to Applicant: 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 ___

WORK EXPERIENCE

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

Employer Dates Employed: From To

Address Telephone Number(s)

Job Title Supervisor

Description of Duties

Reason for Leaving Hourly Rate: From To

Employer Dates Employed: From To

Address Telephone Number(s)

Job Title Supervisor

Description of Duties

Reason for Leaving Hourly Rate: From To

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Description of Duties

Reason for Leaving Hourly Rate: From To

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. I hereby authorize and grant to the City of Orr data classified as private. The data which I authorize to be released consists of private data as defined by Minnesota Statutes 13.02, subd. 12, and has been or will be collected by the City of Orr and /or its agents and/or representatives. The information for which release is authorized 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 Orr access to this information is to determine my suitability for employment in the City of Orr. 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 of Orr. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that photocopy shall be considered as a valid original. I understand that only the City of Orr City Council has the authority to make employment agreements. I further understand that any agreement must be in writing and signed by me and the Mayor of the City of Orr.

Signature _____ Date _____