

APPLICATION FOR EMPLOYMENT

CITY OF MONTROSE

MONTROSE, MINNESOTA 55363

Includes all full time, part time and volunteer fire department positions

It is this employer's policy to make responsible accommodations for persons with disabilities in the hiring process. If your disability prevents you from reading or filling out this application form, please let us know, and we will provide assistance.

Title of specific position for which you are applying _____ Date of Application _____ Date available for work _____

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ City _____ State _____ Zip _____

County of Residence _____ Are you 18 years of age or over? _____ Residence Phone _____ Business Phone _____
 Yes No If not, state date of birth _____

Driver's License _____
 State _____ Number _____ Class _____

Education: Did you graduate from high school or receive a GED? _____

No Yes School attended _____

How many years of education have you had? (Circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 +

Important facts about information on your application

This application is to assist in the hiring process. Certain information requested on the application is not public. It will be released only to you or to persons within the organization who need to know it in order to perform their job duties. If you are employed, the data will be available to the Internal Revenue Service and the Social Security Administration for payroll and tax purposes.

Private Data	Why we ask for it	Are you legally obligated to provide it?	What may happen if you don't provide it?
Date of Birth (if under 18)	To comply with child labor laws	Yes	Failure to provide information may be cause for rejecting an application
Mailing Address	To be able to send you notices	Yes	Failure to provide information may be cause for rejecting an application
Driver's License	May be required to drive motor vehicles as a part of job	Yes	We may not be able to employ you in certain jobs which require a drivers license or where you may be required to come to work on short notice
Home Telephone	To be able to contact you to determine availability for interview	No	We might not be able to contact you for an interview

Sex, Racial/Ethnic Group, Handicapped status (This information is requested on a separate form)	To be able to make Equal opportunity reports as required by law	No	We will not be able to determine whether our selection process results in unfair discrimination, or take affirmative action in our hiring
Conviction Record	To determine whether we may legally accept an application from you and to determine whether your record may be a job-related consideration	Yes	We will not be able to make determinations required by law

Name and location of college university, technical schools	Did you graduate?	Certificates/Degrees	Course of study
	Yes No		
	Yes No		
	Yes No		

List employment history, but do not provide dates of employment for jobs held more than five years ago.

Employing Firm _____	Length of Employment (if within last 5 years)
Address _____	From _____
Phone number _____ Supervisor _____	month year
Your Title _____ Supervisor's Title _____	To _____
Number and type of positions you supervised: _____	month year
Principal Responsibilities _____	Total _____
_____	years months
_____	Reason for leaving _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employing Firm _____	Length of employment (if within last 5 years)
Address _____	From _____
Phone number _____ Supervisor _____	month year
Your Title _____ Supervisor's Title _____	To _____
Number and type of positions you supervised: _____	month year
Principal responsibilities _____	Total _____
_____	years months
_____	Reason for leaving _____
_____	_____
_____	_____

accommodations to the known physical and mental limitations of qualified handicapped applicants and employees in order for them to perform the essential functions of the job in question.

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? YES NO

If yes, describe your duties and any special training:

Job Relevant Volunteer and Unpaid Work Experience

Kind of Volunteer Activity (do not specify organization)	Major Responsibilities	Number of hrs/wk	Length of service

Describe any additional experience or training that qualifies for this job

Give us the names of three people outside of relatives who can be contacted regarding your work habits, qualifications and character.

NAME	PRESENT ADDRESS	PHONE	POSITION & RELATION TO YOUR WORK
1			
2			
3			

Signature

This employer has the right to verify information provided in the application. False information may be grounds for rejecting this application or for dismissal following employment.

In connection with this application for employment, I authorize the employer 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 education institution relating to academic performance such as transcripts. Moreover, I hereby release the employer 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 of information provided is true and complete and hereby acknowledge that I have read and understand the information above.

Date Signature (do not print)

This employer is an EQUAL OPPORTUNITY EMPLOYER/CONTRACTOR and encourages applications from women, minorities and disabled persons. November 4, 1997