



City of Osseo

415 Central Avenue
Osseo, MN 55369-1195

P 763.425.2624 F 763.425.1111

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT

Position applied for:		Date of application:		
How did you learn about us				
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Relative <input type="checkbox"/> Other _____				
Last Name:		First Name:	Middle Name:	
Address:		City:	State: Zip Code:	
Telephone Number(s):				
Home _____		Work _____	Cell _____	
***Please circle the phone number you prefer we use to contact you				

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

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 (*Proof of citizenship or immigration status will be required upon employment.*)

Are you available to work: ___ Full-time ___ Part-time ___ Shift Work ___ Temporary

Date available for work _____ Desired salary range _____

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

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, explain: _____

Education

	Name / Address of School	Course of Study	No. Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Specialized Skills: Check skills and equipment operated

PC Microsoft Office software Class _____ MN DL

GIS Filing System Data Base _____ POST Board Licensed Police Officer

Other (list): _____

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

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

Describe any job-related training received in the United States military (if applicable)

Work 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, disabilities, or other protected status.

Employer:		Address:	
Telephone No.:	Job Title:	Supervisor:	
Dates Employed: From:		To:	Hourly Rate/Salary Starting: Final:
Work Performed:			
Reason for Leaving:			

Employer:		Address:	
Telephone No.:	Job Title:	Supervisor:	
Dates Employed: From:		To:	Hourly Rate/Salary Starting: Final:
Work Performed:			
Reason for Leaving:			

Employer:		Address:	
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Employer:		Address:	
Telephone No.:	Job Title:	Supervisor:	
Dates Employed: From:		To:	Hourly Rate/Salary Starting: Final:
Work Performed:			
Reason for Leaving:			

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

Additional Information

List professional, trade, business, or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status):

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

Note to Applicants: 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 description of the activities involved in such a job or occupation is attached.

Yes No

Personal/Professional References

- | | | | |
|----|-------|---------|------------------|
| 1. | _____ | _____ | _____ |
| | Name | Address | Telephone Number |
| 2. | _____ | _____ | _____ |
| | Name | Address | Telephone Number |
| 3. | _____ | _____ | _____ |
| | Name | Address | Telephone Number |

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date