



City of Osseo
Public Works Department
415 Central Avenue
Osseo, MN 55369-1195
P 763.425.2624 F 763.425.1111

WINTER 2018-2019 RINK ATTENDANT APPLICATION SUPPLEMENT

Submit this supplement alongside your APPLICATION FOR EMPLOYMENT.

The outdoor rinks are available as weather allows, usually beginning in late December and continuing through February or March. **During those months, are you generally available for shifts on the following days and times?**

Days	Shifts	Are you available? Please circle one.			Notes / Comments
Mondays	4:00 – 8:00 pm	Yes	No	Unsure	
Tuesdays	4:00 – 8:00 pm	Yes	No	Unsure	
Wednesdays	4:00 – 8:00 pm	Yes	No	Unsure	
Thursdays	4:00 – 8:00 pm	Yes	No	Unsure	
Fridays	4:00 – 10:00 pm	Yes	No	Unsure	
Saturdays	10:00 am – 4:00 pm	Yes	No	Unsure	
	4:00 pm – 10:00 pm	Yes	No	Unsure	
Sundays	12:00 noon – 4:00 pm	Yes	No	Unsure	
	4:00 pm – 8:00 pm	Yes	No	Unsure	

Name: _____

Best way to contact you on short notice: _____

Why are you interested in the Osseo rink attendant position?

Please describe your experiences with customer service and/or interacting with members of the public:



City of Osseo

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www.DiscoverOsseo.com

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Last Name:		First Name:		Middle Name:	
Address:		City:		State: Zip code:	
Telephone Number(s):					
<i>*Circle number you prefer we use to contact you</i>					
Position applying for:				Date of application:	
Email address:					

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

If Yes, may we contact your present employer?

☐ Yes ☐ No

Are you legally eligible to work in the United States in the position you are applying for? ☐ Yes ☐ No
(Proof of citizenship or work eligibility will be required as a condition of employment.)

Are you at least 18 years old?

☐ Yes ☐ No

Education

	Name and Address of School	Course of Study	No. Years Completed	Diploma/ Degree
High School				
College				
Trade or Business School				
Other (Specify)				

Work Experience

Start with your present job or most recent job.

Employer:	Address:	
Telephone No.:	Job Title:	Supervisor:
Dates Employed: From: _____ To: _____		
Work Performed: _____ _____ _____		
Reason for Leaving: _____		

Employer:	Address:	
Telephone No.:	Job Title:	Supervisor:
Dates Employed: From: _____ To: _____		
Work Performed: _____ _____ _____		
Reason for Leaving: _____		

Personal/Professional References

1.	_____	_____	_____
	(Name)	(Address)	(Telephone Number)
2.	_____	_____	_____
	(Name)	(Address)	(Telephone Number)
3.	_____	_____	_____
	(Name)	(Address)	(Telephone Number)

Additional Information

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

Applicant's Statement

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment or, if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I acknowledge my understanding that employment with the City of Osseo is "at will," and that employment may be terminated by either the City of Osseo or me at any time, with or without notice.

With my signature below, I am providing the City of Osseo authorization to verify all information I provided within this application packet.

I further understand that it is my responsibility to notify the City of Osseo in writing of any changes to information reported in this application for employment. I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date