

City of Osseo

415 Central Avenue Osseo, MN 55369-1195 P 763.425.2624 F 763.425.1111

www.DiscoverOsseo.com

APPLICATION FOR EMPLOYMENT – Seasonal Public Works

			Today's dat	e:
	(PLEA	SE PRINT)		
Last Name:	First Name:	Middle N	ame:	
Address: Telephone Number(s):	City:	State:	Zip code:	
*Circle number you prefer w	ve use to contact you			
Position applying for: Date of application:				
Email address:				
Have you ever filed an application with us before? If Yes, give date:			□ Yes	□ No
Have you ever been employed with us before? If Yes, give date:			□ Yes	□ No
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? \square Yes \square 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				
			1	
	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** (Address) (Name) (Telephone Number) (Name) (Address) (Telephone Number) (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.

Date

Signature of Applicant