

Name:

# City of Osseo

Public Works Department 415 Central Avenue Osseo, MN 55369-1195

P 763.425.2624 F 763.425.1111

#### **WINTER 2019-2020 RINK ATTENDANT**

#### **APPLICATION SUPPLEMENT**

Submit this supplement alongside your APPLICATION FOR EMPLOYEMNT.

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	_	ou availal e circle o		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	

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:



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www.DiscoverOsseo.com

### **APPLICATION FOR EMPLOYMENT – Seasonal Public Works**

			Today's dat	e:						
(PLEASE PRINT)										
Last Name:	First Name:	Middle N	Middle Name:							
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 If Yes, give date:	□ Yes	□ No								
Have you ever been en	□ Yes	□ No								
Are you currently emp	□ Yes	□ No								
If Yes, may we contact	□ 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 year	□ 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