

City of Osseo

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

/63.425.2624 F /63.425.1111 www.DiscoverOsseo.com

APPLICATION FOR EMPLOYMENT – Temporary Elections Assistant

			Today's dat	e:
	(PLEAS	SE PRINT)		
Last Name:	First Name:	Middle N	Middle Name:	
Address:	City	State:	Zip code:	
Telephone Number(s):	City:	State.	zip code.	
*Circle number you prefer w	ve use to contact you			
Email address:				
Have you ever filed an	application with us before?		□ Yes	П Мо
If Yes, give date:			_ 1es	□ NO
Have you ever been o	mployed with us before?		□ Yes	Пио
If Yes, give date:			□ 1es	□ NO
Are you currently emp	Novod?		□ Yes	□ No
Are you currently emp	noyeu :		□ res	□ NO
If Yes, may we contact	t your present employer?		☐ Yes	□ No
Are you legally eligible	to work in the United States in th	e position you are applyi	ng for? Yes	□ No
(Proof of citizenship or	r work eligibility will be required as	a condition of employm	ent.)	
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)				

Start with your present job or most recent job. Employer: Addre Telephone No.: Job Title:	ess:	
• ,	ess:	
Telephone No.: Job Title:		
relephone iton	Supervisor:	
	Supervisor.	
Dates Employed: From:To: Work Performed:		
Reason for Leaving:		
Employer: Addre	ess:	
Telephone No.: Job Title:	Supervisor:	
Dates Employed: From:To:		
Work Performed:		
Reason for Leaving:		
Personal/Professional References		
l(Name) (Add	dress) (Telephone Number)
2(Name) (Add	dress) (Telephone Number)
3	dress) (Telephone Number	
(Name) (Aut	dress) (relephone Number	,
Additional Information		
State or attach any additional information that yo	ou feel may be helpful to us in considering your applica	tion:
Applicant's Statement		
	s application for employment is true and complete to t	
	n of any fact in my application, resume, or any other n efusal of employment or, if employed, will be grounds	
= -	when the misrepresentation or omission is discovered	
acknowledge my understanding that employment be terminated by either the City of Osseo or me at	nt with the City of Osseo is "at will," and that employm and time, with or without notice.	ent ma
With my signature below, I am providing the City	of Osseo authorization to verify all information I provide	ded wit
his application packet.		
his application packet. further understand that it is my responsibility to	notify the City of Osseo in writing of any changes to in required to abide by all rules and regulations of the er	

Date

Signature of Applicant