



City of Parkers Prairie

Fax: (218) 338-5059
City Clerk: (218) 338-4115
City Administrator: (218) 338-5006

P.O. Box 70, 102 N Otter Ave, Parkers Prairie, MN 56361

Employee Certification

Before signing this application, please read the following waiver carefully.

1. I have read and understand the job announcement for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge. I understand that incomplete or inaccurate information may result in disqualification of this application.
2. I authorize all current and previous employers to release job related information upon the written request of the City of Parkers Prairie and any agent on its behalf. However, I understand that if, in the Employment History section, I have answered "No" to the question "May we contact this employer?," contact with the employer will not be made without my specific authorization.
3. I authorize the City of Parkers Prairie and any agent acting on its behalf to verify all job-related information on this application to determine whether or not I am qualified for the position for which I am applying. Moreover, I hereby release the City of Parkers Prairie and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.
4. I understand that providing false information on this application may result in dismissal from any position gained on the basis of that false information.
5. I understand that this application is not, nor intended to be a contract of employment.

Printed Name _____

Signature _____ Date Signed _____

Drivers License # _____

Please return the completed application form to:

City of Parkers Prairie
City Hall 102 N. Otter Ave
P.O. Box 70
Parkers Prairie, MN 56361

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

				DATE _____
				SOCIAL SECURITY NUMBER _____
NAME	LAST	FIRST	MIDDLE	
PRESENT ADDRESS				
	STREET		CITY	STATE
				ZIP
PERMANENT ADDRESS				
	STREET		CITY	STATE
				ZIP
PHONE NO.	ARE YOU 18 YEARS OR OLDER YES [] NO []			

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE	WHEN?

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

US MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS: (LIST BELOW FOUR EMPLOYERS STARTING WITH LAST ONE FIRST)

DATE AND YEAR	MONTH	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS ACQUAINT ED
1					
2					
3					

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? [] Yes [] No
 IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOU LIMITATION?

PLEASE DESCRIBE:

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM PUNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

HIRED [] Yes [] No

POSITION

DEPT

SALARY/WAGE

DATE REPORTING TO
WORK

APPROVED 1

2

3

EMPLOYMENT MANAGER

DEPT HEAD

GENERAL MANAGER