

# CITY OF PARKERS PRAIRIE APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)



## PERSONAL INFORMATION

DATE: \_\_\_/\_\_\_/\_\_\_

APPLICANT NAME: \_\_\_\_\_  
LAST FIRST MIDDLE SUFFIX (JR, SR, ETC)

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? YES ( ) NO ( )

EMAIL ADDRESS: \_\_\_\_\_

## EMPLOYMENT DESIRED

DEPARTMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE YOU ARE AVAILABLE TO START: \_\_\_\_\_ DESIRED SALARY: \_\_\_\_\_

HAVE YOU PREVIOUSLY WORKED FOR THE CITY OF PARKERS PRAIRIE? YES ( ) NO ( ) IF YES, WHEN? \_\_\_\_\_

HAVE YOU EVER APPLIED BEFORE TO WORK FOR THE CITY OF PARKERS PRAIRIE? YES ( ) NO ( ) WHEN? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? YES ( ) NO ( ) IF YES, MAY WE CONTACT YOUR EMPLOYER? YES ( ) NO ( )

## EDUCATION

SCHOOL NAMES AND LOCATIONS	YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED

## MILITARY

US MILITARY OR NAVAL SERVICE \_\_\_\_\_

RANK \_\_\_\_\_ MEMBER OF NATIONAL GUARD OR RESERVES \_\_\_\_\_

## GENERAL

PLEASE LIST ANY CLUBS OR ORGANIZATIONS YOU ARE INVOLVED WITH, OR ANY HOBBIES OR OTHER INTERESTS YOU HAVE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT HISTORY

EMPLOYER INFORMATION		POSITION HELD	DATES	SALARY	REASON FOR LEAVING
EMPLOYER NAME:			START:		
EMPLOYER ADDRESS:			END:		
PHONE NUMBER:					
SUPERVISOR'S NAME:					
EMPLOYER NAME:			START:		
EMPLOYER ADDRESS:			END:		
PHONE NUMBER:					
SUPERVISOR'S NAME:					
EMPLOYER NAME:			START:		
EMPLOYER ADDRESS:			END:		
PHONE NUMBER:					
SUPERVISOR'S NAME:					

## REFERENCES

PLEASE PROVIDE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST A YEAR

NAME	ADDRESS	PHONE	HOW ARE YOU ACQUAINTED?
#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, PLEASE DESCRIBE WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION.

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IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME	ADDRESS	PHONE

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I 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 OBTAIN ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, AS WELL AS ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT."

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

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## OFFICE USE ONLY

INTERVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTES:

HIRED: YES ( ) NO ( )

DEPARTMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_

COUNCIL APPROVAL DATE: \_\_\_\_\_