



19900 Nightingale St. NW
 Oak Grove, MN 55011
 (763)404-7000
 www.ci.oak-grove.mn.us

Employment Application

An Equal Opportunity Employer

Please complete by printing in ink or typing. Application must be signed for employment consideration.

NAME: Last First Middle			POSITION APPLIED FOR:
ADDRESS			TODAY'S DATE:
CITY	STATE	ZIP	STATUS DESIRED: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal
PHONE	EMAIL		DATE AVAILABLE FOR WORK:
Do you have a valid driver's license? (For driving positions only)		YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever been fired or asked to resign from a job? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain _____
Are you <u>under</u> 18 years of age?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a U.S. citizen or do you have legal Authorization to work in the U.S.? Proof of age and/or eligibility to work may be requested.		<input type="checkbox"/> <input type="checkbox"/>	

EDUCATION	School Name, City and State		Major Area of Study
High School		Diploma <input type="checkbox"/> YES <input type="checkbox"/> NO GED <input type="checkbox"/> YES <input type="checkbox"/> NO	
College Attended		Degree Completed: <input type="checkbox"/> YES <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other <input type="checkbox"/> NO # of years completed _____ Semester/Credit hours earned _____	
College Attended		Degree Completed: <input type="checkbox"/> YES <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other <input type="checkbox"/> NO # of years completed _____ Semester/Credit hours earned _____	
Technical or Certificate Programs		(indicate type of certificate earned)	

Summarize special skills and training not listed above:

CURRENT EMPLOYMENT INFORMATION			
EMPLOYER	DATES EMPLOYED		JOB TITLE:
	FROM	TO	
ADDRESS			SUPERVISOR:
CITY, STATE, ZIP	JOB DUTIES:		
TELEPHONE ()			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other			
REASON FOR LEAVING:			

PREVIOUS EMPLOYMENT INFORMATION			
List all positions held including full-time, part-time, military, summer, volunteer work and any periods of unemployment. Explain any period of unemployment. Attach additional sheet if necessary.			
EMPLOYER	DATES EMPLOYED		JOB TITLE:
	FROM	TO	
ADDRESS			SUPERVISOR:
CITY, STATE, ZIP	JOB DUTIES:		
TELEPHONE ()			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other			
REASON FOR LEAVING:			

EMPLOYER	DATES EMPLOYED		JOB TITLE:
	FROM	TO	
ADDRESS			SUPERVISOR:
CITY, STATE, ZIP	JOB DUTIES:		
TELEPHONE ()			
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other			
REASON FOR LEAVING:			

List professional registration(s), professional membership(s), licenses(s), and/or certificate(s) related to the position for which you are applying.

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide

professional references.)

Name	Address	Phone #	Relationship/Occupation	Years Known

Claim for Veteran's Preference

Complete this section ONLY if you are a veteran AND claiming veteran's preference. If you do not meet the eligibility requirements outlined below, do not complete this section. To use the preference you must complete this section AND supply a copy of your discharge papers (DD214 Form).

A **veteran**, for purpose of offering a preference, is a citizen of the United States or a resident alien separated under honorable conditions from any branch of the U.S. armed forces:

- After having served on active duty for 181 consecutive days; or
- By reason of disability incurred whiles serving on active duty; or
- Who has met the minimum active duty required as defined by CFR, Title 38, Section 3.12a; or
- Who has active military service certified under 38 U.S.C.A. Section 106, Part I, Chapter 1.

Active duty Information:

Have you (or your disabled spouse) served on active duty without interruption for 181 days or more? YES NO

Type of separation: Honorable Honorable release from active duty and transfer to reserves Medical Other

For Disabled Veterans:

Permanent Yes No Percent of Disability _____%

For Spouses of Deceased Veterans:

Have you remarried? Yes No

AFFIDAVIT:

I hereby claim veteran's preference for this position, and certify that all of the information given is true, complete, and correct to the best of my knowledge.

I hereby authorize the Veteran's Administration to release information necessary to process this application to the City of Oak Grove.

Signature

Date

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by THE CITY OF OAK GROVE that such employment with THE CITY OF OAK GROVE is at will, for no specified duration and may be terminated by either THE CITY OF OAK GROVE or myself at any time, with or without cause. I understand that none of the documents, policies, procedures, actions, statements of THE CITY OF OAK GROVE or its representatives used during the employment process is deemed a contract of employment, real or implied. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of THE CITY OF OAK GROVE. In consideration for employment with THE CITY OF OAK GROVE, if employed, I agree to conform to the rules, regulations, policies and procedures of THE CITY OF OAK GROVE at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with THE CITY OF OAK GROVE, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to THE CITY OF OAK GROVE and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant: _____

THE CITY OF OAK GROVE IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd 2)

Private Data	Why We Ask For It	Are You Legally Obligated To Provide It?	What May Happen If You Don't Provide It
Social security #	To distinguish you from all other applicants and to make processing more efficient	No	In most cases, nothing. However, it will help to ensure that your records are not confused with those others.
Name	To distinguish you from all other applicants	Yes	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice

OTHER INFORMATION ON THE APPLICATION IS PUBLIC; THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE

APPLICANT DATA RECORD

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

Position(s) Applied for _____ Date _____

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

GENDER: ___ Male ___ Female

RACE/ETHNICITY:

___ **American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

___ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

___ **Black or African American** - A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

___ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

___ **White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

___ **Hispanic or Latino (All races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

___ **Hispanic or Latino (White race only)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

___ **Hispanic or Latino (all other races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

___ **Race missing or unknown** - Applies to **Applicants only**, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.

Check if any of the following are applicable:

___ Veteran ___ Not a Veteran ___ Vietnam Era Veteran ___ Disabled Veteran ___ Disabled Individual

Please identify where you learned about an employment opportunity with this organization.

___ Newspaper ad

___ Web Site

___ Employee Referral

___ Recruiter

___ Tech School/College Placement

___ Temporary Service

___ State Employment Service

___ Other

Personal and Confidential