



1009 W. Lincoln Ave  
Olivia, MN 56216

**APPLICATION FOR EMPLOYMENT**  
An Equal Opportunity Employer

Position Applied For:			Date of Application
Available to Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Shift Work			
When would you be available?			
Last Name	First Name	Middle Name	Social Security # (Optional)
Home Phone: (____) _____ Work Phone: (____) _____ Email Address: _____			Are you a United States citizen or legally eligible to work in the U.S.? ____ Yes    ____ No <i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>
Address:			
Are you of legal age to work? ____ Yes ____ No <i>(If yes verification will be required)</i>			
Are you currently employed? ____ Yes ____ No			
May we contact your present employer? ____ Yes ____ No			

**RECORD OF EDUCATION**

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		Degree Completed: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other <input type="checkbox"/> No degree _____ (# of years completed or credits earned)	
Technical or Certificate Programs		Indicate type of certificate earned.	
Summarize special skills/training not listed above:			

Current Employment Information		
Employer:	Dates Employed: From _____ To _____	Job Title
Address:		
Telephone:	Job Duties	
Reason for Leaving:		

Previous Employment Information		
Employer:	Dates Employed: From _____ To _____	Job Title
Address:		
Telephone:	Job Duties	
Reason for Leaving:		

Previous Employment Information		
Employer:	Dates Employed: From _____ To _____	Job Title
Address:		
Telephone:	Job Duties	
Reason for Leaving:		

List professional registration, memberships, licenses and/or certificates related to the position you are applying for

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**REFERENCES:** Please list three persons, who are not related to you, 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 while 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 your (or your disable 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 authorized the Veteran's Administration to release information necessary to process this application to the City of Olivia

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANT ACKNOWLEDGMENT 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 Olivia that such employment with the City is at will, for no specified duration and may be terminated by either the City or myself at any time, with or without cause. I understand that none of the documents, policies, procedures, actions, statements of the City of Olivia 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 Olivia. In consideration for employment with the City of Olivia, if employed, I agree to conform to the rules, regulations, policies and procedures of the City at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with the City of Olivia, 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-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize and all schools, former employers, references, courts and any others who have information about me to provide such information to the City of Olivia and/or 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.**

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Signature

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Date

**THE CITY OF OLIVIA IS 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)

<b>Private Data</b>	<b>Why We Ask For It</b>	<b>Are You Legally Obligated To Provide It?</b>	<b>What May Happen If You Don't Provide It</b>
Social Security #	To distinguish you from other applicants and to make processing more efficient	No	Nothing. However, it will help to ensure that your records are not confused with 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.
Conviction Record	To determine whether we may legally accept an application from you and to determine whether your record may be a job related consideration	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information my be grounds for dismissal.