

Application For Employment City of Clarkfield

(Pre-employment Questionnaire)

(An Equal Opportunity)

Personal Information

Date _____

Name _____

SSN _____

Last

First

Middle Initial

Present Address _____

Street

City

State

Zip

Phone Number _____

Are you 18 years or older? _____

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status

Yes

No

(circle one)

Please list Drivers License Numbers (List required for the position you are applying for, include class) _____

Employment Desired

Position _____

Date you can start _____

Salary desired _____

Are you currently employed _____

If so, may we inquire with your employer? _____

Have you worked for the City of Clarkfield before? _____

When? _____

Referred by _____

Education	Name & Location of School	No of years attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade or business				

General

Subjects of special studies or research work _____

Special Skills _____

Activities _____

Please list any first aid /CPR training and certifications you currently hold include date first issued.

Please list any professional memberships, registrations, or licenses. Include date first issued.

(Continued on the other side)

Former Employers (List below starting with the last one first, do not use "see resume")

Employer	_____	Supervisor Name	_____
Address	_____	Positions you supervised	_____
Phone	_____		
Your Title	_____	Length of employment	
		From (Month /Year)	_____
List responsibilities		To (Month/ Year)	_____

_____		Last Wage/ Salary	_____

_____		Reason for Leaving	_____
_____		May We Contact ?	_____

Employer	_____	Supervisor Name	_____
Address	_____	Positions you supervised	_____
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Your Title	_____	Length of employment	
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Your Title	_____	Length of employment	
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List responsibilities		To (Month/ Year)	_____

_____		Last Wage/ Salary	_____

_____		Reason for Leaving	_____
_____		May We Contact ?	_____

References Give the name of three person not related to you, whom you have known at least one year.

	Name	Address	Phone Number	Years Known
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Authorization to Collect, Use, and Release Information. As an applicant for a position with the City of Clarkfield, I hereby collection, use and release of any and all information concerning me, including information of a confidential or privileged nature, which relates to my employment . I hereby. release the City of Clarkfield, with which I am seeking employment, from any liability which may result from releasing information requested. I also I expressly authorize by my present and past employers including its agents/employees of any and all information concerning my employment with them, any oral or written, and I agree to hold harmless the employers from any liability whatsoever arising to of its release of information pursuant to this release. I understand that this Authorization may be revoked in writing by me at any time, and in no event will be valid for more then one year of its Stated date.

Applicants Full name

Applicants Signature

Military Service

US. Military or Naval Service, Current Rank? _____

Present Membership in Guards or Reserves _____

Veterans Preference Statutes provide a five point preference (ten points if a disabled veteran with a disability rates at 50% or more) to those individuals who attained a passing score who have received an Honorable Discharge or separation after serving more than 180 consecutive days in the military services for purposes other than training. If this applies to your particular situation and you wish to exercise your Veterans Preference at this time, please indicate below. Veteran's Preference may not be claimed by any veteran who is receiving, or is eligible to receive, a monthly veterans' pension benefit based on length of service. Do you wish to claim Veteran's Preference at this time? Yes _____ No _____

If appointed you will be required to supply the City with a copy of your form DD-214 _____

Date of entry for Active Duty (do NOT include short training periods of active duty, you must have served with a unit that was on active duty, not one on reserve status) _____

Place of Entry (City /State) _____

Branch of Service _____

Date of Separation or discharge from active _____

Type of Separation or Discharge (Honorable, General , ect..) _____

Service Connected Disability (Type/ Percent) _____

Drug & Alcohol Testing

The City of Clarkfield has adopted a drug and alcohol testing policy. The purpose of this policy is to provide for a safe public and employment atmosphere, as set forth by Minnesota State statute 181.951. As a job applicant for a City position, you are testing under the policy and may be asked to provide a urine specimen after you have received a conditional offer of employment. You may legally refuse to undergo a drug or alcohol test. If you refuse, the City's conditional offer may be withdrawn. If you undergo an initial screening test with a positive test result, a confirmatory test verifying that result must be performed. You have the right to explain a confirmatory test's positive within three working days after receiving notice. You have the right to request and pay for a confirmatory retest of the original sample within five working days after receiving notice. If the confirmatory retest does not confirm the original positive result, no adverse personnel action based on the test may be taken against you. A job applicant who receives a positive test result, fails or refuses a confirmatory test, does not request in writing a confirmatory retest within five working days after notice, may be refused employment and will be notified of the reason for such refusal. Except as otherwise noted, the job applicant has no additional right of appeal within the City of Clarkfield. The full Drug & Alcohol testing personnel policy is available for review in the Personnel Office at City Hall, 904 10th Ave., during regular business hours.

Tennessee Warning

Information requested on your application that is defined by State Statute as public may be released on request and includes job history, education and training, and work availability. Your name is private except when you are certified as eligible for appointment to a vacancy. Certain other information requested on your application is private and may be released only to you or to governmental entities authorized access by law (MS 15.165 Subd 2). Private data contained above. Name/ SSN: Used to identify you in relation to other applicants. You are legally required to provide your name, but not your SSN. Failure to provide this information may result in a delay in processing or rejection of your application. Local/Permanent Address/ home Telephone: Used to contact you regarding your application's status. You are not legally required to provide this information. Failure to provide this information may result in a delay in processing or rejection of your application. License Information: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in your rejection as an applicant for these positions. Age Range: Used to accurately certify applicants for certain types of work according to State law. You are legally required to provide this information. Failure to provide this information may result in rejection of your application. Citizenship Status: Used to certify applicants for work in the United States as determined by laws or the United States Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

Signature

To the best of my knowledge, the information included in this application is accurate and true. I understand that misrepresentation or omission of the facts in connection with my application may be sufficient cause, in and of itself for dismissal whenever discovered.

Signature: _____ Date: _____