

City of Lismore
EMPLOYMENT APPLICATION

City of Lismore
 P.O. Box 188
 249 Second Street
 Lismore, MN 56155

POSITION APPLIED FOR:	DATE AVAILABLE:
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ANNUAL SALARY DESIRED:	ARE YOU INTERESTED IN: FULL TIME	PART TIME	TEMPORARY/SEASONAL
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PERSONAL INFORMATION				
LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
PRESENT PERMANENT ADDRESS				
CITY	COUNTY	STATE	ZIP CODE	DAY TELEPHONE NO. () HOME ()

ARE YOU UNDER 18? YES NO DATE OF BIRTH: _____
 ARE YOU WILLING TO WORK OVERTIME IF NECESSARY? YES NO
 ARE YOU A UNITED STATES CITIZEN OR IF NOT, DO YOU HAVE PERMISSION TO WORK IN THIS COUNTRY? YES NO

EDUCATION AND TRAINING

HOW MANY YEARS OF SCHOOL HAVE YOU COMPLETED?	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
	ELEMENTARY						HIGH SCHOOL				UNDERGRADUATE				GRADUATE					
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	DIPLOMA, DEGREE OR CERTIFICATE EARNED	QTR./SEM CREDIT TOTAL	MAJOR & MINOR SUBJECTS																
HIGH SCHOOL																				
COLLEGE OR UNIVERSITY																				
COLLEGE OR UNIVERSITY																				
TECHNICAL																				
OTHER SCHOOLING																				

EDUCATION AND TRAINING CONTINUED

ANY CORRESPONDENCE COURSES, SPECIAL COURSES, SEMINARS, WORKSHOPS, AND TRAINING PROGRAMS YOU ATTENDED THAT MIGHT RELATE TO THIS POSITION. PLEASE REVIEW THE JOB POSTING BEFORE RESPONDING.

COURSE TITLE	OFFERED BY	LENGTH OF PROGRAM	TOTAL CLASSROOM HOURS

EMPLOYMENT HISTORY

INSTRUCTIONS: BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT OR OCCUPATION, LIST ALL YOUR EMPLOYERS FOR AT LEAST THE LAST FIVE YEARS. IT IS IMPORTANT TO PROVIDE COMPLETE INFORMATION. RESUMES AND ADDITIONAL MATERIALS MAY BE SUBMITTED IN SUPPORT OF, BUT NOT IN LIEU OF, THE FOLLOWING.

PRESENT OR LAST EMPLOYER	ADDRESS	
CITY	STATE	ZIP CODE

SUPERVISORS NAME AND TITLE _____ PHONE NO. () _____
MAY WE CONTACT? YES NO IF NOT, WHY? _____
DATES EMPLOYED (MO/YR) FROM _____ TO _____ HOURS WORKED PER WEEK _____
JOB TITLE _____ REASON FOR LEAVING: _____ LAST SALARY: \$ _____

PRINCIPAL DUTIES AND RESPONSIBILITIES:

SECOND LAST EMPLOYER	ADDRESS	
CITY	STATE	ZIP CODE

SUPERVISORS NAME AND TITLE _____ PHONE NO. () _____
MAY WE CONTACT? YES NO IF NOT, WHY? _____
DATES EMPLOYED (MO/YR) FROM _____ TO _____ HOURS WORKED PER WEEK _____
JOB TITLE _____
REASON FOR LEAVING: _____ LAST SALARY \$ _____

PRINCIPAL DUTIES AND RESPONSIBILITIES:

THIRD LAST EMPLOYER	ADDRESS	
CITY	STATE	ZIP CODE

SUPERVISORS NAME AND TITLE _____ PHONE NO. () _____
MAY WE CONTACT? YES NO IF NOT, WHY? _____
DATES EMPLOYED (MO/YR) FROM _____ TO _____ HOURS WORKED PER WEEK _____
JOB TITLE _____
REASON FOR LEAVING: _____ LAST SALARY \$ _____

PRINCIPAL DUTIES AND RESPONSIBILITIES: -

WHAT OFFICE MACHINES DO YOU OPERATE PROFICIENTLY? ANSWER YES OR NO

10-KEY CALCULATOR PAPER COPIER FAX MACHINE
DO YOU HAVE EXPERIENCE WITH WORD PROCESSING / DATA ENTRY? YES NO
TYPE OF COMPUTER: IBM OR COMPATIBLE APPLE/MACINTOSH OTHER, SPECIFY: _____
LIST COMPUTER SOFTWARE YOU USE PROFICIENTLY:

DRIVERS LICENSE INFORMATION

DO YOU CURRENTLY HAVE A MINNESOTA DRIVER'S LICENSE? YES NO
MN DRIVER'S LICENSE NO. AND CLASS: _____ ENDORSEMENTS: _____ EXPIRATION DATE: _____
OTHER DRIVER'S LICENSES (LIST STATE, CLASS, AND NO.) _____
WHAT TRAFFIC VIOLATIONS HAVE YOU HAD IN THE LAST FIVE YEARS? INCLUDE BRIEF DESCRIPTION OF VIOLATION AND DATE. _____

SUPERVISION

HAVE YOU EVER SUPERVISED PEOPLE? YES NO FOR WHOM? _____

MILITARY – COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING	BRANCH OF SERVICE
	LENGTH OF ACTIVE DUTY
	RANK AT DISCHARGE

UNSALARIED EXPERIENCE (USE ADDITIONAL SHEET IF NECESSARY)

VOLUNTEER ORGANIZATION _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____
 POSITION HELD _____ DUTIES PERRFORMED _____
 IMMEDIATE SUPERVISOR _____ PHONE NO. () _____
 DATES OF PARTICIPATION: _____ SKILLS LEARNED _____
 HOURS PER WEEK: _____

REFERENCES PLEASE GIVE THE NAMES OF TWO PERSONS (NOT RELATED TO YOU)WHO CAN TESTIFY TO YOUR CHARACTER AND QUALIFICATIONS

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

HAVE YOU EVER BEEN CONVICTED AS AN ADULT OF A FELONY, CROSS MISDEMEANOR, OR MISDEMEANOR FOR WHICH A JAIL SENTENCE CAN BE IMPOSED? _____ YES _____ NO
 IF YES, DATES AND PLACES: _____

The City of Lismore does not discriminate on the basis of race, color, religion, national origin, political affiliation, marital status, disability, sex or age in all aspects of its personnel policies, programs, practices, operation, and provision of services.

IMPORTANT NOTICE TO ALL APPLICANTS

Minnesota Laws requires that you be informed of the purposes and intended uses of the information you provide to the City of Lismore during the application process or during employment.

Any information about yourself that you provide to the City of Lismore during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, it may mean that your application will not be considered.

The information may be provided to:

1. Persons authorized under state or federal law; and
2. Persons authorized by court order; and
3. Persons to whom you consent in writing; and
4. All individuals in the City who are authorized.

I authorize and consent to having City representatives make inquiries about the content of this application if I am to be considered for employment.

Former employers are authorized to give information about me in any form, oral or written. They are hereby released from all liability for issuing such information. I hereby knowingly waive any privileges, including protection under the Data Practices Act, which I have as to such information.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed.

My signature confirms that I have read and understand the authorization and notice to applicants set forth above. I recognize that my failure to sign, accurately complete or falsify information in this application will automatically disqualify me from consideration for employment.

Applicant's signature _____

Date _____