

APPLICATION FOR EMPLOYMENT

City of Kelliher
PO Box 256
Kelliher, MN 56650

We welcome you as an applicant for employment with the City of Kelliher. The City will not discriminate on the basis of race, age, religion, national origin, marital status, disability, sex, sexual preference, status with regard to public assistance, or any other basis protected by law. The City of Kelliher is an equal opportunity lender, provider, and employer.

The information contained in this application is considered private data under the Minnesota Data Practices Act, and will be used only in conjunction with your possible employment. **Please furnish complete information, so we may accurately and completely assess your qualifications for employment in the position you seek.** Your application will be evaluated in comparison to the requirements for that position. As an applicant for employment, your name is considered private until you become a finalist for employment with the City. You are considered a finalist if and when you are selected for a final interview.

Please print or use a TYPEWRITER in completing this application.

Today's Date _____

Title of position applied for: _____

Hours Available _____ Wage Desired \$ _____/hr.

Employment Status Desired:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Full-time

Part-time

Seasonal/Temporary

Volunteer Fire Fighter

Personal Information

Name _____
First Middle Last

Street Address _____

City, State, Zip _____

Home Telephone _____ Work Telephone _____

Are you legally eligible to work in the United States in the position for which you are applying? Yes No

Are you at least 18 years old? Yes No

Educational Information

Name/Address of School	Degree Earned/ Course of Study
High School	
College	
Graduate School	
Technical/Vocational	
Other	
Other	

NOTE: If the position you are applying for requires a college degree or other academic credential, you must include a certified transcript from the educational institution that granted you that credential.

Employment Experience

List previous employers for the past 5 years, beginning with most recent employer. Please provide all information requested accurately and clearly. Do not use "See Resume" or similar.

Employer Name _____ Supervisor's Name _____

Employer Address _____ Phone Number _____

Dates of Employment: From _____ To _____ Total # of Yrs/Mo _____

Job Title _____ Final Salary _____

Specific Duties _____

Hrs worked per wk _____

Reason for leaving or seeking other employment?

May we contact your present employer? Yes No

Employer Name _____ Supervisor's Name _____

Employer Address _____ Phone Number _____

Dates of employment: From _____ To _____ Total # of Yrs/Mo _____

Job Title _____ Final Salary _____

Specific Duties _____

Hrs worked per wk _____

Reason for leaving or seeking other employment?

May we contact this employer? Yes No

Employer Name _____ Supervisor's Name _____

Employer Address _____ Phone Number _____

Dates of employment: From _____ To _____ Total # of Yrs/Mo _____

Job Title _____ Final Salary _____

Specific Duties _____ Hrs worked per wk _____

Reason for leaving or seeking other employment?

May we contact this employer? Yes No

Knowledge/Skills/Abilities

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:

Typing Ability? Yes No

Computer Experience? Yes No

If yes, please list computer software programs and hardware you are skilled with.

List any other office equipment you can operate.

List any special courses, seminars, workshops and/or training you attended that relate to the job you are applying for:

If relevant, list other registrations, licenses and certificates you have.

Type _____	Date issued _____	Date Expired _____
Type _____	Date issued _____	Date Expired _____

For Labor and Skilled Trades Only: List the equipment you are capable of operating:

This space can be used to add any additional information you deem relevant to better assess your suitability for the position applied for:

Volunteer Experience

Describe any unsalaried or volunteer experience relevant to the position for which you are applying.

Military Experience

Did you serve in the U.S. armed forces? Yes No

Describe your duties:

Do you wish to apply for veteran's preference points? Yes No

If you answered "yes," you must complete the enclosed application for veteran's preference points, and submit the application and required documentation to the City of Kelliher within seven days of the application deadline for the position for which you are applying.

References

Please list three people who we can contact for references.

Name	Relationship To You	Occupation	Telephone Number

All employment offers are conditioned upon the applicant passing a criminal background check. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought.

Authorization

I authorize that a transcript may be requested where necessary to verify any education record. I hereby expressly authorize the collection, use and release of any and all information concerning me, which relates to my employment. I hereby release the City of Kelliher, with which I am seeking employment, from any liability, which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless my present and past employers from any liability whatsoever arising out of its release of information pursuant to this release.

I understand that if offered a position, and depending on the position, I may be required to submit to and pass a psychological examination, a physical examination, and /or a physical agility test.

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, dismissal from employment upon discovery of the information.

By signing this form I hereby acknowledge I have read and understood the above statements. Failure to sign below may result in reject of your application.

Signature

Date

For Office Use Only:

Start/Hire Date _____ Starting Wage _____

TENNESSEN WARNING

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

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

You are hereby advised that, under Minnesota law, the following information about you must be made available to any member of the public who requests it:

- ❖ Veteran status
- ❖ Relevant test score
- ❖ Rank on eligibility list
- ❖ Job history
- ❖ Education and training
- ❖ Work availability

Your name will not be made available to the public unless you are selected to be interviewed by the City.

All other information about yourself that you provide during the application process or during employment with the City is classified as private under state law. That is, information may not be provided to members of the public except:

- ❖ Persons authorized to have access to the information under state law;
- ❖ Persons authorized by court order to have access to the information; and,
- ❖ Persons to whom you consent in writing to have access to the information.

All individuals in the City who need to know information will have access.

Signature of applicant: _____

Date: _____

City of Kelliher
P.O. Box 256
Kelliher, MN 56650
Phone 218-647-8470 Fax 218-647-8815

Date: _____

The following named individual has made application with this agency for _____.

Last Name of Applicant (please print): _____

First Name (please print) : _____

Middle (full)(please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____
Month/Day/Year

Sex (M or F): _____

Social Security Number: _____

Divers License#: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Kelliher for the purpose of employment with this agency, pursuant to Minnesota State Statute 299F.035.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Notary:

The City of Kelliher will forward this executed form, along with a check in the amount of \$15.00 payable to the "MN BCA" and a self-addressed stamped envelope to:

Minnesota Bureau of Criminal Apprehension
1430 Maryland Avenue East
St. Paul, MN 55106



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

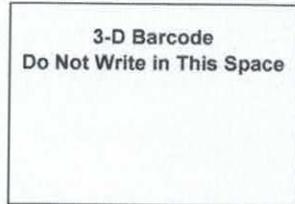
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
---	--	----------------	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--