

CITY OF LAKE PARK EMPLOYMENT APPLICATION

PO Box 239, 2032 2nd Street

Lake Park MN 56554

Phone: 218-238-5532 Fax: 218-238-6344

Website: www.lakeparkmn.com Email: info@lakeparkmn.com

PERSONAL INFORMATION

Name: _____

Last

First

Middle

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number Where You Can Be Reached: _____

Are you legally authorized to work in the United States: YES NO

The Immigration Reform and Control Act of 1986 require proof of your eligibility to work in the U.S. in order to be employed.

Have you every applied for employment with us before: _____ When? _____

Other than absences and tardiness due to illness or injury, how many days were you absent or tardy last year? _____

If you wish to request veteran's preference points, please check here _____ and attach appropriate documents.

Education Record

Name and Location

Did you
graduate?

Degree or
Certificate

High School

Jr. College-Vocational

College-University

Graduate School

Computer Software Used: _____

JOB OBJECTIVE

Position desired: _____ Salary Desired: _____

When can you start work? _____

Check items that pertain to you availability for work: () Full-time () Part-time () Days () Evenings

() Weekends () Overtime () Other (explain): _____

EMPLOYMENT HISTORY

Please fill out completely and attach your resume, if available. Provide information pertaining to you most recent four positions or all positions held if less than four over the past 5 years.

1. Current or Last Employer _____

Address _____

Dates Employed: From _____ To _____ Ending Salary _____

() Full Time

() Part-Time

() Temporary

Position Title _____

Summary of your duties _____

Accomplishments _____

Supervisor's Name _____ Position Title _____

May we contact this employer for a reference? _____ Phone Number _____

Your reason for leaving _____

2. Previous Employer _____

Address _____

Dates Employed: From _____ To _____ Ending Salary _____

() Full Time

() Part-Time

() Temporary

Position Title _____

Summary of your duties _____

Accomplishments _____

Supervisor's Name _____ Position Title _____

May we contact this employer for a reference? _____ Phone Number _____

Your reason for leaving _____

EMPLOYMENT HISTORY

3. Previous Employer _____

Address _____

Dates Employed: From _____ To _____ Ending Salary _____

() Full Time () Part-Time () Temporary

Position Title _____

Summary of your duties _____

Accomplishments _____

Supervisor's Name _____ Position Title _____

May we contact this employer for a reference? _____ Phone Number _____

Your reason for leaving _____

4. Previous Employer _____

Address _____

Dates Employed: From _____ To _____ Ending Salary _____

() Full Time () Part-Time () Temporary

Position Title _____

Summary of your duties _____

Accomplishments _____

Supervisor's Name _____ Position Title _____

May we contact this employer for a reference? _____ Phone Number _____

Your reason for leaving _____

ADDITIONAL INFORMATION

Please use this space to include any additional information you feel would be helpful for us to know in evaluating your application. For example, you may wish to include information about experience and skills which are related to the position for which you are applying, but are not included on the previous pages.

PROFESSIONAL REFERENCES

Name	Address	Telephone	Title

TO BE READ AND SIGNED BY APPLICANT

I understand and acknowledge that if any misrepresentation or omission of material facts has been made by me or the results of an investigation are not satisfactory for any reason, any consideration, offer, or actual employment by the City may be terminated immediately without obligation or liability to me, other than payment at the rate agreed upon for service actually rendered if employed.

It is agreed and understood that City representatives may investigate my background to ascertain any and all information of concern relating to my background. Former employers, educational institutions, and references names in this application are authorized to give information about me. I hereby release the City and persons named herein, or persons provided to you at a later time, from all liability for any damages on account of their furnishing such information. I also waive any privilege I have to such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I understand that any offer of employment made to me may be conditional upon taking and passing a physical examination.

I understand that nothing contained in this employment application or in the granting of an interview, and no policies, procedures, or handbooks that I might receive, are intended to create an employment contract between the City and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the City unless made in writing and authorized by the City Council.

If an employment relationship is established, I understand that I have the right to terminate my employment at any time without notice or cause and that the City retains the same rights. As an employee, I am obligated to adhere to all City policies and procedures and that the City reserves the right to modify or revoke any of these policies and procedures without prior notice.

Date _____

Applicant Signature _____