

Application for Employment

City of Spicer
217 Hillcrest Avenue – PO Box 656
Spicer, MN 56288
320-796-5562 / www.cityofspicer.com

1. Title of Specific Position For Which You Are Applying:		2. Date		3. Date Available For Work	
4. Last Name		First Name		Middle Name	
5. email Address:					
6. Home Telephone:			7. Work Telephone:		
8. Street Address:			9. Mail Address:		
10. City, State and Zip Code					
11. Are you a United States Citizen or legally eligible to work in the U.S. Yes No (circle one)			If hired, you will be required to provide work in the documentation that you are eligible to work in the United States.		
12. Do you have any relatives, other than a spouse, working for the City of Spicer? Yes No (circle one)			If yes, relationship to you _____ By which department are they employed		
13. Employment Condition Desired (circle those that apply) Regular Full-Time Regular Part-Time Seasonal/Temporary			14. Has the City of Spicer previously employed you? Yes No (circle one) If yes, list date(s) and/or position held		
15. Please list your driver's license number, the state issued in, and the class. <i>(List those you hold that are required for the position for which you are applying)</i>					
Number		State		Class	
16. Education: Did you graduate from high school or receive a GED? Yes No (circle one) How many years of schooling have you completed (circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20					
TYPE OF SCHOOL	NAME AND LOCATION	# YEARS COMPLETED	MAJOR AREA OF STUDY	DEGREE/DIPLOMA RECEIVED	
High School					
Trade/Business/Vocational					
Undergraduate Study					
Graduate Study					
Apprenticeship(s) Served or Trade Learned					
17. Please list any first aid and/or CPR training and certifications you currently hold, including the date first issued					

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

19. List office machines you can efficiently operate.					

20. List software programs you are proficient in and indicate your number of years of experience with each.					

24. Veteran's Preference:

Veterans Preference Statutes provide a five point preference (ten points if a disabled veteran with a disabled rated at 50% or more) to those individual who attained a passing score and who have received an Honorable Discharge or separation after serving more than 180 consecutive days in the military services for purpose other than training. If this applies to your particular situation and you wish to exercise your Veterans Preference at this time, please indicate so below. Any Veteran, who is receiving or is eligible to receive, a monthly veteran's pension benefit based on length of service may not claim Veteran's Preference.

Do you wish to claim veteran's preference at this time Yes No (circle one)

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

Date of Entry for Active Duty _____ Place Entry (City/State) _____

(Do NOT include short training periods of active duty with reserve unit.

You must have served with a unit that was on active duty, not on reserve status.)

Branch of Service _____ Date of Separation or Discharge from Active Duty _____

Type of Separation or Discharge (Honorable, General, etc) _____

Service Connected Disability (Type/Percent) _____

25. Reference: List three reference which you have known at least one year, who can attest to your work qualities.

Name	Relationship to You	Address	Telephone Number

26. Authorization to Collect, Use and Release Information:

As an applicant for a position with the City of Spicer, I hereby expressly authorize the 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 Spicer, 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 (PLEASE LIST THOSE WE MAY CONTACT),

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 the above state prior employer(s) from any liability whatsoever arising out of its 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 than one year from its stated date.

(Applicant's Full Printed name)

(Applicant's Signature)

27. Auxiliary Aids and Assistance

If, due to a disability, you need assistance in completing an application or if you anticipate that you will need auxiliary aids or service in selection process, please notify the City Clerk at (320) 796-5562.

28. Signature:

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

Signature: _____ Date _____