

SEASONAL EMPLOYMENT APPLICATION

CITY OF DODGE CENTER
35 East Main Street, P.O. Box 430
Dodge Center, MN 55927
(507) 374-2575
www.ci.dodgecenter.mn.us



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For _____	Date of Application _____	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name _____	First Name _____	Middle Name _____			
Address _____	Number _____	Street _____	City _____	State _____	Zip Code _____
Telephone Number(s) _____			Social Security Number _____		
Email _____					

Best time to contact you is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes / No

Have you ever filed an application with us before? If Yes, provide date _____

Have you ever been employed with us before? If Yes, provide date _____

Do any of your friends or relatives work here? Yes / No Name _____

Are you currently employed? Yes / No

May we contact your present employer? Yes / No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? Yes / No
Proof of citizenship or immigration status will be required upon employment.

Date available for work: ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time Part-Time Temporary dates ___/___/___ - ___/___/___

Are you currently on "lay-off" status and subject to recall? Yes / No

Can you travel if a job requires it? Yes / No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer	Dates Employed (mo/yr) From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary	
Job Title Supervisor		
Reason for Leaving		
2. Employer	Dates Employed (mo/yr) From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary	
Job Title Supervisor		
Reason for Leaving		

EDUCATION

	Name of School, City, State	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Other (Specify)				

Describe any job-related training received in the United States military.

State any additional information you feel may be helpful to us in considering your application.

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

Licenses/Certifications/Awards

State any additional information regards to specialized skills.

NOTE TO APPLICANTS:

DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ____ Yes ____ No

REFERENCES

1. _____ (Name) _____ (Phone #)

2. _____ (Name) _____ (Phone #)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Background Check Consent Form

City of Dodge Center
PO Box 430
35 East Main Street
Dodge Center MN 55927
(507) 374-2575

Date: _____

The following named individual has made application with the City of Dodge Center.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (*Full*) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex** (M or F): _____

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to City of Dodge Center for purpose of employment with this agency as pursuant to Minnesota state statute 299C.72.

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