

CITY OF ST. AUGUSTA

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY. It is the policy of the City of St. Augusta to provide equal employment for all, without discrimination on the basis of race, color, creed, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

IMPORTANT INFORMATION CONCERNING INFORMATION PROVIDED ON THIS APPLICATION. Minnesota Statutes 13.01 through 13.81 (1983) require that you be informed that the following information you are asked to provide in the employment application process is considered private data; name, home address, home phone number, social security number, gender, racial/ethnic group, disability status, and test accommodation information. This means it is available only to you, the City, and officials who have need for it. The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position you are applying for. You may legally refuse, but refusal to provide the requested information will mean that your application for employment may not be considered.

POSITION DESIRED:

Title of position you are applying for: _____

Date available to begin employment: _____ Application Date: _____

PERSONAL INFORMATION:

Name _____ Soc. Security Number: _____ - _____ - _____

Last First Middle

Address: _____ Home Phone: _____

Street

_____ Alternate Phone: _____

City State Zip

Are you employed now? ____ Yes ____ No If yes may we contact employer? ____ Yes ____ No

Desired salary or wage? _____

Have you worked for St. Augusta before? ____ Yes ____ No

If yes, position held: _____ From: _____ to _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States: ____ Yes ____ No

Do you have any special needs which may necessitate accommodations in the application/interview process?

____ Yes ____ No If Yes, please describe the accommodations requested: _____

EDUCATIONAL INFORMATION

Circle the highest grade completed:

Elementary	High School	College	Post Graduate
1 2 3 4 5 6 7 8	9 10 11 12 GED	13 14 15 16	MA MS PHD JD

Did you graduate from High School? ____ Yes ____ No

College, University and/or Technical Schools Attended

Name and Location	# Years Attended	Major/Minor	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY: List all work experience, showing the most recent first
DO NOT MARK YOUR APPLICATION "SEE RESUME", YOUR APPLICATION WILL NOT BE CONSIDERED!

Present or Most Resent Employer

Employer Name: _____

Employer Address: _____

Supervisor: _____ Phone Number: _____

From: _____ to _____ Job Title: _____

Principal Duties and Responsibilities

1. _____
2. _____
3. _____
4. _____
5. _____

Reason for Leaving: _____

First Previous Employer

Employer Name: _____

Employer Address: _____

Supervisor: _____ Phone Number: _____

From: _____ to _____ Job Title: _____

Principal Duties and Responsibilities

1. _____
2. _____
3. _____
4. _____
5. _____

Reason for Leaving: _____

Present or Most Resent Employer

Employer Name: _____

Employer Address: _____

Supervisor: _____ Phone Number: _____

From: _____ to _____ Job Title: _____

Principal Duties and Responsibilities

1. _____
2. _____
3. _____
4. _____
5. _____

Reason for Leaving: _____

Third Previous Employer

Employer Name: _____

Employer Address: _____

Supervisor: _____ Phone Number: _____

From: _____ to _____ Job Title: _____

Principal Duties and Responsibilities

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Reason for Leaving: _____

Fourth Previous Employer

Employer Name: _____

Employer Address: _____

Supervisor: _____ Phone Number: _____

From: _____ to _____ Job Title: _____

Principal Duties and Responsibilities

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Reason for Leaving: _____

Attach Additional Sheets if Necessary

Job Relevant Volunteer or Unpaid Work Experience

Do Not Specify Organization

Kind of Activity	Work Performed	#Hrs/mo	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LICENSURE

List current licenses, registrations or certificates you have that are relevant to the position you are applying for.

License No.	Issued By	Date	Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Clerk-Administrator must receive all applicable licenses or certifications before employment commences. If hired, you remain responsible for ensuring that all licenses remain in effect.

RELEVANT ADDITIONAL EXPERIENCE/TRAINING

List/describe any additional experience and/or training relevant to the position you are applying for:

List SPECIFIC EQUIPMENT with which you have experience: _____

List specific equipment or computer hardware or software for which you have been trained:

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

Branch _____ Length of Active Duty _____

Rank at discharge _____ Type of discharge _____

Describe duties and any special training _____

REFERENCES: List three (3) people able to discuss your qualifications for the position you are applying for.

Name _____ Phone _____

Address _____ Occupation/Title _____

Name _____ Phone _____

Address _____ Occupation/Title _____

Name _____ Phone _____

Address _____ Occupation/Title _____

PERSONAL STATEMENT

Please indicate why you are interested in the position and what you hope to accomplish if selected.

CERTIFICATIONS, ACKNOWLEDGEMENT, AND RELEASE

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and/or constitutes grounds for my immediate dismissal should I be employed by the City of St. Augusta.

I understand, acknowledge, and agree that no offer of employment is valid of binding until formal approval by the St. Augusta City Council, and that until such approval is made the City shall not be liable for reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application or any agent of such a former employer or volunteer organizations, to release to the City of St. Augusta and its agents and any all information regarding my job performance and fitness qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the City of St. Augusta will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

I hereby release the City of St. Augusta and all former employers, volunteer organizations, and references listed herein and any and all agents acting on behalf of said City, former employers, volunteer organizations or references, for any liability of whatever nature by reason of requesting or providing such information.

Date: _____ Signature _____
(Do not Print)

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