

CITY OF OSSEO

APPLICATION FOR EMPLOYMENT

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.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION (PLEASE PRINT)

DATE _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBERS _____ SS# _____

BEST TIME TO CONTACT YOU IS: _____ AM/PM

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED
PROOF OF YOUR ELIGIBILITY TO WORK? Yes No

EMPLOYMENT DESIRED

POSITION _____

DATE YOU CAN START _____ WHAT IS YOUR DESIRED SALARY? _____

ARE YOU AVAILABLE TO WORK: FULL-TIME PART-TIME SEASONAL
(IF APPLYING FOR A SEASONAL POSITION, PLEASE INDICATE ANY/ALL DATES YOU WOULD BE UNAVAILABLE FOR WORK. PLEASE
ATTACH ADDITIONAL SHEETS IF NECESSARY.) _____

ARE YOU CURRENTLY EMPLOYED? Yes No

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

HAVE YOU FILED AN APPLICATION WITH US BEFORE? Yes No

IF SO, WHEN? _____

HAVE YOU BEEN EMPLOYED WITH US BEFORE? Yes No

IF SO, WHEN? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR
IMMIGRATION STATUS

Proof of citizenship or immigration status will be required upon employment Yes No

DO ANY OF YOUR FRIENDS OR RELATIVES, OTHER THAN SPOUSE, WORK HERE? Yes No

HOW DID YOU LEARN ABOUT THIS POSITION?

- ADVERTISEMENT RELATIVE INQUIRY
 EMPLOYMENT AGENCY FRIEND OTHER _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETICS, ETC.) _____

US MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

OTHER QUALIFICATIONS _____

FORMER EMPLOYERS (LIST BELOW YOUR LAST EMPLOYERS, STARTING WITH MOST CURRENT).

1. EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE	SUPERVISOR	HOURLY RATE/SALARY		
REASON FOR LEAVING				

2. EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE	SUPERVISOR	HOURLY RATE/SALARY		
REASON FOR LEAVING				
3. EMPLOYER		DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
TELEPHONE	SUPERVISOR	HOURLY RATE/SALARY		
REASON FOR LEAVING				

WHICH OF THESE JOBS DID YOU LIKE THE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME AND ADDRESS	PHONE NUMBER	BUSINESS OR HOW YOU KNOW THEM	YEARS AQUAINTED
1.			
2.			
3.			

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS 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 12 MONTHS. 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 AN EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR ANY ATTACHMENTS THERETO OR DURING MY INTERVIEW(S) WILL BE CONSIDERED AS "GOOD CAUSE" AS GROUNDS FOR DISCHARGE, ACTUAL DISCHARGE OR OTHER DISCIPLINARY ACTIONS. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

SIGNATURE OF APPLICANT

DATE

INFORMATION RELEASE AUTHORIZATION
FOR OFFICIAL USE BY AUTHORIZED PERSONS

INSTRUCTIONS TO APPLICANT:

Complete this release and return with employment application. The City of Osseo requests this information to complete the employment background verification. The information obtained is used exclusively for the purpose of employment consideration. Failure to complete will result in delayed processing of your application.

PERSONAL INFORMATION (PLEASE PRINT)

NAME _____
LAST FIRST MIDDLE

OTHER _____
PLEASE LIST ALL ALIAS, NICK NAMES, SURNAMES, OR OTHER NAMES USED AT **ANY** TIME

ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBERS: (H) _____ (C) _____

DRIVER'S LICENSE NUMBER _____ DATE OF BIRTH _____

To Whom It May Concern:

I authorize any official representative of the Osseo Police Department to obtain information and records pertaining to me and my personal background whether such information and records are public, private, favorable, unfavorable, or confidential in nature from any or all of the following sources:

1. Military Record Centers
2. Any place of business
3. Any Court, Police Agency or other location where criminal and misdemeanor records are kept
4. Former Employer(s)
5. Present Employer(s)
6. Any School, College, University or other educational institution.
7. Credit Bureau(s)
8. Any Banking Institution
9. Any Local, State, or Federal Governmental Agency
10. Any private citizen who has knowledge of individual

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Osseo. I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I hereby release any individual or institution, including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, including actions brought under s.895.50, Wisconsin Statutes (the Privacy Act) which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions:

A photocopy of this release will be as valid as an original.

Signature of Applicant: _____

Date Signed: _____

Signature of parent or guardian if applicant is a minor