



255 1st Street East
Milaca MN 56353
(320) 983-3141
(320) 983-3142 (Fax)
www.cityofmilaca.org

CITY OF MILACA

EMPLOYMENT APPLICATION

The City of Milaca welcomes you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is our policy to provide equal employment opportunities to all. Individuals are evaluated and selected solely on the basis of their qualifications.

Please furnish complete and accurate information so that we can properly evaluate your application. Be aware that the use of false or misleading information or the omission of important facts may be grounds for immediate dismissal. Also note that information you provide herein may be subject to later verification and/or testing. You may attach to this application any additional information that helps explain your qualifications. **(PLEASE PRINT CLEARLY OR TYPE)**

PERSONAL

Last	First	Middle	Other names you have used
NAME:			
Street	City	State	Zip
ADDRESS:			
Residence	Business	May we call you at work?	Social Security Number
TELEPHONE:		Yes <input type="checkbox"/> No <input type="checkbox"/>	

POSITION APPLYING FOR

TITLE OF POSITION <hr style="width: 80%; margin-left: 0;"/>	ARE YOU INTERESTED IN: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> If temporary or seasonal for what period of time are you available? _____ Hours of Availability: _____
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The City of Milaca does not discriminate on the basis of race, age, religion, national origin, marital status, disability, sex, sexual preference, status with regard to public assistance or any other basis protected by law.

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Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? Yes No

Please include a copy of DD214) If yes, are you a permanent resident of the State of Minnesota? Yes No

Describe your duties and any special training:

TO BE COMPLETED BY APPLICANTS FOR POLICE OFFICER:

Are you currently licensed as a Peace Officer Yes No

Are you currently eligible for a license from the Post Board? Yes No

If no, please give the date when you will be taking the POST examination and/or the Reciprocity

Exam: _____

PLEASE ATTACH A PHOTOCOPY OF ELIGIBILITY LETTER FROM POST BOARD OR A PHOTOCOPY OF A CURRENT POLICE OFFICER LICENSE

SPECIAL SKILLS

Clerical Skills	What is your present typing speed per minute?	Can you operate: Dictating Equipment Yes <input type="checkbox"/> No <input type="checkbox"/> Computer: If yes, please list all software Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Computer: If yes, please list software		
	Other office equipment you can operate		
Skilled Trade Skills	Do you have experience in a skilled trade? If so, please describe the extent/nature of experience		
	Have you completed an apprenticeship in a skilled craft? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what craft?	Where did you complete it?
	List all machines and equipment you have operated:		
	<p>_____</p> <p>_____</p> <p>_____</p>		
List all current licenses and/or certification together with an identification of the granting authority:			
<p>_____</p> <p>_____</p>			

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EMPLOYMENT HISTORY

Give accurate, complete full-time and part-time employment record. Start with your present or most recent employer: PLEASE DO NOT WRITE, "SEE RESUME" IN THIS SECTION. *Part or all of your rating may be based on this information.*

Company Name	Telephone ()
Address	Employed (state month and year) From To
Name of Supervisor and Title	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
State job title and list your duties/responsibilities, beginning with the duty that consumed the greatest proportion of your time:	
Reason for leaving:	

Company Name	Telephone ()
Address	Employed (state month and year) From To
Name of Supervisor and Title	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
State job title and list your duties/responsibilities, beginning with the duty that consumed the greatest proportion of your time:	
Reason for leaving:	

Company Name	Telephone ()
Address	Employed (state month and year) From To
Name of Supervisor and Title	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
State job title and list your duties/responsibilities, beginning with the duty that consumed the greatest proportion of your time:	
Reason for leaving:	

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Company Name	Telephone ()
Address	Employed (state month and year) From To
Name of Supervisor and Title	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
State job title and list your duties/responsibilities, beginning with the duty that consumed the greatest proportion of your time:	
Reason for leaving:	

Company Name	Telephone ()
Address	Employed (state month and year) From To
Name of Supervisor and Title	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
State job title and list your duties/responsibilities, beginning with the duty that consumed the greatest proportion of your time:	
Reason for leaving:	

CONVICTION INFORMATION

Minnesota Law 364.021 prohibits a public employer from inquiring about or considering your criminal record or criminal history in this stage of your application for employment. If you are selected for an oral employment interview, however, the same law permits an inquiry by the public employer into your criminal record or criminal history.

REFERENCES

Please provide the name, address and telephone number of three references who are not related to you and are not previous employers.

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List professional, trade, business, or civic activities and offices held. (Exclude those that indicate race, color, religion, sex or national origin):

SIGNATURE

In connection with this application for employment, I authorize the City of Milaca and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the City of Milaca and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

YES YES, but not present employer until job is offered NO (We may be unable to hire you without this information)

I understand that no management official other than the City Manager has the authority to make oral or written employment offers for a specific position, a specified period of time, or for specified conditions. I also understand that any document regarding my employment must be in writing and signed by me.

I understand that neither this document nor any offer of employment from the City constitutes an employment contract or guarantee of employment unless a specified document to that affect is executed by the City Manager and me in writing. Unless a written document signed by the City Manager and me is created, then my employment status is that of an employee at will who can quit or be terminated from work at any time for any reason. All City employees are employees at will unless covered by a labor contract or other written agreement.

The City has the right to verify information provided in the application. I certify that the answers given herein (and accompanying resume, if any) are true and complete to the best of my knowledge and I have not omitted any information. I further understand that false, misleading, or omitted information in my application form, interview(s), or resume (if any), may disqualify me for further consideration for employment or result in immediate discharge if discovered at a later date.

Applicant's Signature

Date

EQUAL OPPORTUNITY EMPLOYER