

Application for Employment

**PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER**

Personal Information

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE _____

SIGNATURE _____

Do Not Write Below This Line

DATE _____

INTERVIEWED BY _____

Remarks

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER _____

DEPARTMENT HEAD _____

GENERAL MANAGER _____

CITY OF TRIMONT

The Consolidated Villages of Triumph and Monterey
41 Second Ave. N.W.
P.O. Box 405
Trimont, MN 56176-0405
507-639-2060
Fax: 507-639-2064

TENNESSEN WARNING/WAIVER OF CLAIMS

As an applicant for employment with the City of Trimont, I have voluntarily supplied data about myself which may be public and/or private in nature.

I understand that, as part of the selection process, I am requested to supply this information. I understand that failure to provide accurate and adequate data may disqualify me from further consideration.

I understand that, even if I am hired for this position, I may be subject to dismissal or other disciplinary action if I have made an intentional effort to provide deceptive or misleading information.

I understand that this date will be kept on file for a period of one year, even if I am not hired for this position. I understand that, if I am hired, this information will remain on file with the City of Trimont.

I further understand that this information will be used by the City of Trimont to aid in the determination of my relative and/or specific suitability for employment.

Finally, I understand that the data which I have provided may be shared in whole, or in part, by other agencies, by other private and public entities, and by other persons, for the purpose of conducting a background investigation.

I, therefore, waive my right to any claim or cause of action and hereby agree to hold harmless the City of Trimont and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

Signed: _____
(Full name of applicant)

(Date)

Printed: _____
(Full name of applicant)

Driver's License No.: _____
(Applicant)

Witness: _____

(Date)

BACKGROUND CHECK AUTHORIZATION AND RELEASE

I understand that the City of Trimont (hereinafter referred to as the City) will investigate my background prior to deciding whether to offer me a position with the City. In order to assist the City in its background check, I hereby authorize the City to fully investigate the statements and representations I have made in this application. I completely release and waive all claims and rights I may have against the City as a result of its investigation into my background. I also authorize the following release of information:

1. I authorize all of my previous employers to provide the City with all documents and information which it requests pertaining to my employment and my separation from employment. I specifically release and waive any and all claims (including claims for defamation, libel and slander) that I may have against any former employer as a result of that employer's compliance with the City's request for information.
2. I authorize any state which has issued a driver's license to me at any time to provide the City with all information in the state's possession concerning my driving record, including but not limited to information concerning tickets, suspension, revocations, and fines. I release and waive any and all claims that I may have against such states as a result of their compliance with the City's request for information.
3. I authorize all schools, colleges, universities and other educational institutions I have attended to provide the City with all information in the institution's possession concerning me, including but not limited to the dates of my attendance, any degrees earned by me, courses taken by me, my grade point average, any disciplinary records. I specifically release and waive any and all claims I may have against such schools, colleges, universities, and other educational institutions as a result of their compliance with the City's request for information.
4. I authorize all people and organizations mentioned in my employment application to release to the City any information it seeks in connection with its consideration of my application for employment. I release and waive any and all claims I may have against such people and organizations as a result of their compliance with the City's request for information.
5. I authorize the City to investigate my character, reputation, personal characteristics, and mode of living, in compliance with the Fair Credit Reporting Act. I understand that, within a reasonable period of time, I may make a written request for a summary of the investigation.

I authorize the use of photocopies of this Background Check Authorization and Release, and request that photocopies be accepted on the same basis as the original.

Signed this _____ day of _____, _____.

(Signature of individual authorizing release)

(Signature of witness)

(Month/Day/Year)

CITY OF TRIMONT
41 Second Ave. NW, P.O. Box 405
Trimont, Minnesota 56176

Veteran's Preference

Complete this form only if you are claiming Veterans' Preference

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at (507) 238-3220.

The City of Trimont operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the US Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, or by reason of disability

incurred while serving on active duty, or after having served the full period called or ordered for federal active duty and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more; or be the spouse of a veteran who is rated as 50% or more disabled and who, because of such disability, is unable to qualify.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If your DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

NAME (LAST)	(FIRST)	M	SOCIAL SECURITY NUMBER	POSITION FOR WHICH YOU APPLIED
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	PHONE NUMBER
				ARE YOU A US CITIZEN OR RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

VETERAN (10 points):

(DD214 or DD215 must be submitted to receive points.)

Honorably discharged veteran..... YES NO

DISABLED VETERANS (15 points):

(DD214 and USDVA letter of disability must be submitted to receive points.)

Percent of Disability: _____ %

SPOUSE OF DECEASED VETERANS (10 points or 15 if the veteran was disabled at time of death):

(DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____ Have you remarried?..... YES NO

FOR SPOUSES OF DISABLED VETERANS (15 points):

(DD214 or DD215 and USDVA letter of disability rating decision of 10% or more, and photocopy of marriage certificate must be submitted to receive points.)

AFFIDAVIT: I hereby claim Veteran's Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' preference verification documents and submit them to the City of Trimont by the required application deadline date.

Signature

Date