

EDUCATION

	HIGH SCHOOL	UNDERGRADUATE COLLEGE / UNIVERSITY	GRADUATE / PROFESSIONAL
School Name & Location			
Years Completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+
Diploma / Degree			
Describe Course of Study			
Describe any honors you have received			
Describe any additional information you feel may be helpful to us in considering your application			

SPECIAL SKILLS & QUALIFICATIONS

Please summarize special job-related skills and qualifications acquired from employment or other experience:

List professional, trade, business, or civic activities and offices held:

(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, handicap, or other protected status)

Do you have a valid driver's license? Yes No Class: _____

Do you have any physical disabilities/limitations that may limit your performance of the duties for the position for which you are applying? Yes No

If yes, please describe: _____

MILITARY SERVICE

Are you a veteran or member of the Reserves or National Guard? Yes No

(If you wish to claim veteran's preference, please complete the Veteran's Preference Form and provide the appropriate documentation at the time of application)

EMPLOYMENT EXPERIENCE

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

EMPLOYER:		DATES EMPLOYED		DUTIES PERFORMED:
Address:		From:	To:	
Telephone:		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting:	Ending:	
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:		Dates Employed		
Address:		From:	To:	
Telephone:		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting:	Ending:	
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:		Dates Employed		
Address:		From:	To:	
Telephone:		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting:	Ending:	
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:		Dates Employed		
Address:		From:	To:	
Telephone:		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting:	Ending:	
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:		Dates Employed		
Address:		From:	To:	
Telephone:		Hourly Rate/Salary		
Job Title:	Supervisor:	Starting:	Ending:	
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer:		Dates Employed		

If you need additional space, please attach additional sheets of paper.

REFERENCES

Please provide the names of three persons not related to you who can testify as to your character and qualifications.

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

APPLICANT'S STATEMENT

I, _____, certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Former employers named herein are authorized to give information regarding me. They are hereby released from all liability for issuing such information.

All employment offers are conditioned upon the applicant passing a criminal background check. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought. However, making false statements or withholding information will cause you to be barred from employment or removed from employment. Before any applicant is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This includes the right to show evidence of rehabilitation.

I hereby agree to submit to a physical examination at the employer's expense by a doctor designated by the employer prior to final acceptance of employment, if requested, and at subsequent intervals as the employer may direct, it being understood that such medical examinations are to determine my physical fitness for continued employment in the event I am employed.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with White Bear Township is of an "at will" nature, which means that the Employee may resign at any time and the White Bear Township 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 White Bear Township, Employer.

Signature of Applicant

Date

VETERAN'S PREFERENCE

This form is to be completed and returned, with a copy of your DD214 attached. Claims not accompanied by proper documentation will not be processed. Applications for veterans' preference after the indicated closing date will not be accepted.

POSITION TITLE:	CLOSING DATE:
Name of Veteran:	Birth Date:
Name of Applicant if different from Veteran:	