

EMPLOYMENT APPLICATION

***** You must complete this application fully, even if information is duplicated on any other requested document (e.g. a resume or cover letter). Do not include any unsolicited items (i.e. documents that are not specifically requested) because they will not be reviewed or retained. Falsified or misleading statements on this application and addendums may be grounds for disqualifying you from being further considered for employment with the City of Osakis. ****

ow did you learn about this position? (Ontional)

Circle one or pleas pecific Organization Miscellaneous: Wal	n: Osakis Re						
EMPLOYMENT	DESIRED						
Position Title		Dat	e Available to wor	k:		Salary F	Required/Desired
Available to work: (Circle one)	Full-time	Part-time	Temporary	Seas	onal		
PERSONAL INFO	ORMATION	Last Name				Middle N	ame
Cumont Molling Add			City			State	Tin Code
Current Mailing Add	ress		City			State	Zip Code
Phone Numbers	Home: (Work: (Cell: ())	E-mail A	Address			
Have you filed an a Have you ever beer Are you currently o May we contact you	employed wemployed? ar present en	rith us before? aployer?	•	NO NO NO	YES YES YES	If yes, giv If yes, giv	* *
Are you currently on "lay-off" status and subject to a Are you 18 years or older? Are you legally eligible to work in the United States? (Proof will be required if hired)			•	NO NO NO	YES YES YES		

The City of does not discriminate on the basis of race, color, religion, creed, national origin, age, sex, disability, marital status, sexual orientation, status with regard to public assistance, membership in a local commission, or any other legally protected status in its hiring or employment practices.

*****List the most recent (or current) employer first, then next most recent, and so forth.*****

WORK EXPERIENCE May we contact this employer? YES	NO If no, explain:	Employer 1	
Employer		Phone Number	
Address	Supervisor's Name and Title		
Position Title	Description of Duties		
Length of Employment From: To:			
Last Pay Hours Worked			
Reason for Leaving			
WORK EXPERIENCE May we contact this employer? YES	NO If no, explain:	Employer 2	
Employer		Phone Number	
Address		Supervisor's Name and Title	
Position Title	Description of Duties		
Length of Employment From: To:			
Last Pay Hours Worked			
Reason for Leaving			
WORK EXPERIENCE May we contact this employer? YES	NO If no, explain:	Employer 3	
Employer	Phone Number		
Address	Supervisor's Name and Title		
Position Title	Description of Duties		
Length of Employment From: To:			
Last Pay Hours Worked			
Reason for Leaving			

Describe any specialized training, skills, and extra-curricular activities				
Summarize bartender experience				
Summarize skills and qualifications acquired from employment or other experience				
EDUCATION				
Did you graduate from high school or receive a GED?	YES NO,	If not how	many years were compl	eted?
Name and Location of School/Program attended:				
Name and Location of College, University, or Technical So		id you aduate?	Degree/Diploma	Program of Study
	YE	S NO		
	YE	S NO		
	YE	S NO		
	l .		1	
REFERENCES Please list three individuals who can be contacted regarding	your joh-relate	d aualificat	ions No relatives or su	nervisors

REFERENCES Please list three individuals who can be contacted regarding your job-related qualifications. No relatives or supervisors.					
Name	Present Address	Phone Number			

ACKNOWLEDGEMENT

I understand the City of Osakis has the right to verify information contained in this application. I authorize the City of Osakis and any agent acting on its behalf to investigate all statements contained in this application for employment and any addendum, including, but not limited to, any driving record, any criminal history, my credit history, my educational records such as transcripts, and work records as may be necessary to determine my eligibility for employment. Moreover, I hereby release the City of Osakis and any agent acting on its behalf from any and all liability by reason of requesting such information from any person or entity.

I certify that answers given herein are true and complete to the best of my knowledge and I understand that, if employed, falsified or misleading statements on this application and addendum or made during an interview, which may be discovered now or anytime in the future, shall be grounds for dismissal. I acknowledge that this document shall not be construed as a contract or offer of employment and understand and agree that, if hired, my employment is for no definite period and may be terminated at any time.

INFORMATION REGARDING THE MINNESOTA GOVERNMENT DATA PRACTICES ACT

The personnel data we collect from you is used to record your employment history with the City of Osakis, and in the administration of health insurance, pension plans, fringe benefits, worker's compensation, unemployment compensation, employee assistance programs, and for affirmative action and equal employment opportunity reports.

You are not required to provide all of the information we ask you to provide. However, it may affect our ability to administer certain programs if you do not provide it. If you have any questions about the information we ask you to provide after reviewing the chart attached hereto, please contact the City Clerk.

The information we collect about you is classified as:

- Public, which means that the information is available to anyone who asks to see it.
- Private, which means that the information is available only to the person the information is about, and to the staff who must use it in the normal course of conducting City business, and as otherwise provided for by law, and
- Confidential, which means that information is not accessible to the date subject (e.g., certain human rights investigations).

As an employee of the City of Osakis, the following information about you will be public:

- Name
- Actual gross salary
- Salary range
- The value and nature of any employer-paid fringe benefits
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to salary (e.g., travel advance, tuition reimbursement and parking)
- Your job title
- Your job description
- Education and training background
- Previous work experience
- Dates of your first and last employment with the City
- The terms of any agreement settling administrative or judicial proceedings

- The final disposition of any disciplinary action together with the specific reasons for the action
- Work location
- Work telephone number
- Badge number, if applicable
- Your city and county of residence
- Honors and awards received because of City employment
- Payroll timecards or other comparable data that record time worked for payroll purposes but not the reasons for the use of sick or other medical leave or other non-public data
- The status, but not the nature, of any complaints or charges against you, whether or not the complaint or charge resulted in a disciplinary action.

Personnel data may be shared with personnel employees, accounting and payroll staff, and insurance providers (in general, those whose position and/or work assignment requires access) as needed for business purposes. There are also other entities with which private personnel data may occasionally be shared on a need-to-know basis (labor organizations, IRS, Social Security Administration, Public Employees Retirement Association, etc.). The City of Osakis will comply with applicable laws in this regard.

Except as noted above or in accordance with the law, information not listed as public, which is maintained as part of your personnel record, is private, and will not be shared with anyone except with your informed consent.

EMPLOYMENT INFORMATION CHART

Information Requested	How We Use it	Legally Required?	Known Consequences of Not Supplying Information
Full Name & Home Address	Identification; mailings to home address	No	May not receive information which is mailed to home address
Social Security	Identification; tax administration	Yes	Cannot be employed without a Social Security Number
Date of Birth	Identification; benefit plans; equal employment opportunity reports	No	Could cause problems in administering benefit plans
Sex	Identification; benefit plans; equal employment opportunity reports	No	Could cause problems in administering benefit plans
Martial Status	Benefit plans	No	Could cause problems in administering benefit plans
Disability Status	Equal employment opportunity reports; reasonable accommodation	No	May not receive reasonable accommodations
Military Service	Equal employment opportunity reports; Veterans' Preference	No	Incomplete information in EEO reports; may not receive Veterans' Preference notices
Home Telephone Number	Contacts regarding work assignments	No	May be problem with employment if chronically unable to reach by telephone
Emergency Contact Telephone Number	To contact relatives or friends in case of an emergency on the job	No	May considerably slow down our ability to reach someone on employee's behalf in an emergency

Note: Although most of these items are not legally required, there may be employment-related or personal consequences for not providing them.