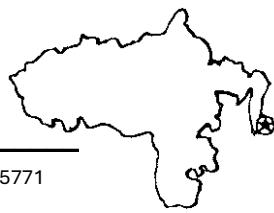


CITY OF ORR on Beautiful Pelican Lake



PO BOX 237, 4429 HIGHWAY 53, ORR, MINNESOTA 55771
PHONE: (218) 757-3288 FAX: (218) 757-3601
E-MAIL: ormn@centurytel.net

Application for Employment

City of Orr is an Equal Opportunity Employer

We welcome you as an applicant for employment with the City of Orr. Please complete by printing in ink or typing. Application must be signed for employment consideration. City of Orr will not discriminate on the basis of race (including traits associated with race, including, but not limited to, hair texture and hair styles such as braids, locs and twists) color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Today's Date: _____ Position Applying for: _____

Status Desired: Full Time Part time Seasonal Date available to work if hired: _____

PERSONAL INFORMATION

First Name	Middle	Last/Suffix	
Current Mailing Address		City	State/ Zip
Phone:	Best Time to Contact you?	Email Address:	
Are you 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you legally eligible to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATIONAL INFORMATION

Did you graduate from High School? <input type="checkbox"/> YES <input type="checkbox"/> NO Name and Location of High School:		If not, last grade of school completed: _____ Did you receive a GED? <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____		
Name of School, College, University or Technical School	Location	Did you Graduate?	Degree/Diploma/Major	Graduation Date
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Please list any trainings, certificates, professional licenses etc. or any additional skills that you hold that would be beneficial to the position you are applying for:				

EMPLOYMENT EXPERIENCE

List present or most recent employer first. Please note that "please see resume" response is not acceptable responses. Resumes are considered in addition to but not in lieu of this application.

Employer:	Dates Employed		Job Title:
	From	To	
		Supervisor:	
Address:			
City:	<input type="checkbox"/> Full Time or <input type="checkbox"/> Part- Time		
State, Zip:			
Telephone:	Description of Duties:		
May we contact your previous supervisor?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Supervisor Phone:			
Reason for leaving:			

Employer:	Dates Employed		Job Title:
	From	To	
		Supervisor:	
Address:			
City:	<input type="checkbox"/> Full Time or <input type="checkbox"/> Part- Time		
State, Zip:			
Telephone:	Description of Duties:		
May we contact your previous supervisor?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Supervisor Phone:			
Reason for leaving:			

Employer:	Dates Employed		Job Title:
	From	To	
		Supervisor:	
Address:			
City:	<input type="checkbox"/> Full Time or <input type="checkbox"/> Part- Time		
State, Zip:			
Telephone:	Description of Duties:		
May we contact your previous supervisor?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Supervisor Phone:			
Reason for leaving:			

Check here if Resume or additional sheets are attached

PERSONAL/PROFESSIONAL REFERENCES

- Do not include family members-

Name	Phone Number	Best Time to Call	Years Known
1. _____			
2. _____			
3. _____			

Applicant's Statement

- I certify that the answers given herein are 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.
- I hereby authorize and grant to the City of Orr data classified as private. The data which I authorize to be released consists of private data as defined by Minnesota Statutes 13.02, subd. 12, and has been or will be collected by the City of Orr and /or its agents and/or representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which is in any way related to employment.
- I fully understand that the purpose of permitting the City of Orr access to this information is to determine my suitability for employment in the City of Orr. This authorization shall be valid for one year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City of Orr.
- I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that photocopy shall be considered as a valid original. I understand that only the City of Orr City Council has the authority to make employment agreements. I further understand that any agreement must be in writing and signed by me and the Mayor of the City of Orr.

Signature _____ Date _____

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

Certain information in this application is considered private; that is, it may be released only to you and agencies where you may be considered for employment. Information in this application that is defined by law as public may be released on request and includes: veteran status; relevant test scores; rank on eligible list; job history; education and training; and work availability. Your name is private data except when certified as eligible for appointment to a vacancy or when you are considered by the appointing authority to be a finalist for a position in public employment. (To comply with M.S. 13.43, Subd 2 and Subd 3).

Private Data	Why we ask for it	Are you legally obligated to provide it	What may happen if you don't provide it
Name	To distinguish you from all other applicants.	YES	Failure to provide may be cause for rejection of your application.
Address	To be able to send you correspondence.	YES	Failure to provide may be cause for rejection of your application.
Home Telephone/Email Address	To be able to contact you to arrange for an interview, if granted.	NO	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.

City Office Use Only

Date Received: _____

Interview Scheduled For:

Date/Time _____

Denied Interview: YES NO

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information asked of you below will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of ORR appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

GENDER:

MALE FEMALE OTHER OPTION NOT LISTED PREFER NOT TO ANSWER

With which racial/ethnic group do you identify?

- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native through Tribal affiliation or community recognition
- Caucasian/White
- Asian
- Native Hawaiian or Other Pacific Islander
- Two or more races

Disability status, defined as:

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
- 2) Has a history of a disability (such as cancer that is in remission);
- 3) Is regarded as having such an impairment.

Do you claim disability status? Yes No

Check if any of the following are applicable:

- Not A Veteran
- Veteran
- Vietnam Era Veteran
- Disabled Veteran
- Disabled Individual
- Spouse of Disabled Veteran
- Spouse of Deceased Veteran