

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER
CITY OF TOWER
602 MAIN STREET
PO BOX 576
TOWER, MINNESOTA 55790

TITLE OF POSITION FOR WHICH YOU ARE APPLYING:

SOCIAL SECURITY NUMBER:

Last Name	First Name	Middle Name	May we call you at work?	
			Yes	No

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

Home Phone	Work Phone	Cell Phone	Email Address
------------	------------	------------	---------------

Are you a US Citizen?	Are you age 18 or older?
-----------------------	--------------------------

FORMAL EDUCATION

Circle last grade of secondary school completed: 9 10 11 12 Did you graduate from high school/or received a GED? Yes No

COLLEGE/BUSINESS SCHOOL/TECH SCHOOL (List all that apply)	Years of Attendance
---	---------------------

VETERAN'S PREFERENCE

Are you applying for Veteran's Preference Points? Yes No

If you are eligible to apply for Veteran's Preference, attach a copy of documents for the line checked:

- _____ Veteran: DD214 (Not eligible for VP if military retirement annuity based on years of service)
 - _____ Disabled Veteran: DD214 and compensable disability award letter dated with the past 6 months.
 - _____ Spouse of Disabled Veteran: DD214, compensable disability award letter within the past 6 months and marriage certificate.
 - _____ Spouse of Deceased Veteran: DD214, Marriage Certificate and Death Certificate
-

APPLICANT'S SIGNATURE: THIS STATEMENT MUST BE SIGNED. ANY FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW. (Read the following statements carefully before you sign this application.)

I hereby authorize the City of Tower an any agent acting on it's behalf to conduct an inquiry into any job related information contained in the application, including, but not limited to my records maintained by an educational institution relating to academic performance. I hereby authorize all current and previous employers (unless noted otherwise on this form) to release any information in their files pertaining to my employment history, including, but not limited to, the nature of my employment, wages attendance records, performance reviews and disciplinary actions.

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection, or dismissal if employed. I have read the Tennessee Warning and agree to supply the information on this form with full knowledge of the meaning of that warning.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

WORK EXPERIENCE: Provide a complete description of all qualifying experience, paid and/or volunteer, starting with the most recent position held.

EMPLOYER	ADDRESS	PHONE #	LENGTH OF EMPLOYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we contact your present employer?	Yes	No
May we contact former employers?	Yes	No

TENNESSEN WARNING

This application is to assist us in the process of determining possible employment. Certain information requested on the application is private, that is, it may be released only to you or to city departments where you may be considered for employment. Names of applicants become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

Private Data: Name, Social Security Number, Street Address, PO Box Number, Telephone Numbers, Racial/Ethnic, Handicap/Disability Status, Conviction Records, and Special Testing.

All other information on the application form is public, that is, it may be given to anyone for any purpose.

Resumes must be submitted along with application.