

CITY OF JORDAN

210 East First Street
Jordan, MN 55352
952-492-2535



Employment Application

APPLICANT INFORMATION

Last Name	First Name	Middle Name	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

Date Available

Position Applied for:

Can you perform the essential functions of the position for which you are applying? YES YES, with reasonable accommodation

Are you over 18 years old? YES NO Are you legally eligible to work in the U.S.? (If offered employment, you will have to provide proof of your eligibility.) YES NO

Have you ever worked for the City? YES NO If so, when?

STATEMENT OF INTEREST: Give a brief statement of why you are interested and feel qualified for the position:

EDUCATION/TRAINING

High School	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Post-Secondary	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Post-Secondary	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Post-Secondary	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

List academic honors you received or extracurricular activities in which you participated during school:

PREVIOUS EMPLOYMENT

Please list your employment history for the **past ten (10) years**. Begin with most recent employment. Attach additional pages if necessary. Fill in all of the wage detail or your application will be downgraded.

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities and weekly hours worked:			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
OTHER: Please account for any period of unemployment of at least 30 days and/or part-time employment not listed above.			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
Have you ever been involuntarily terminated from employment? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, state name and address of company and reason for termination.			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			

MILITARY SERVICE

Branch	From	To
--------	------	----

Rank at Discharge	Type of Discharge
-------------------	-------------------

If other than honorable, explain

Claiming Veterans Preference? [] Yes [] No	Veterans who served on active duty in the U.S. Armed Forces and were separated under honorable conditions may be eligible for veterans' preference. When claiming preference, veterans must provide a copy of their DD-214, Certificate of Release or Discharge from Active Duty, or other acceptable documentation. Applicants claiming 10 point preference will need to submit their DD-214, for a 10-point Veterans' Preference. If you have questions about the applicability of veterans' preference for a particular vacancy, please contact the City of Jordan.
Signature: _____ Date: _____	Provide a copy of current status of orders.

Tasks/responsibilities within military:

List volunteer work you have performed:

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	

Address	
---------	--

SPECIAL SKILLS

Please identify any special skills, licenses, certifications, other education, training, or other information that you wish to be considered:

The City of Jordan is an equal employment opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation or age.

INFORMATION RELEASE / DISCLAIMER / AND SIGNATURE

I understand that information I have provided in this written application may be classified as public per Minnesota State Statutes, Chapter 13. I authorize the City of Jordan the right to solicit and receive verification of all information contained in this application for employment from any and all sources that are necessary, in the opinion of the city, to verify the information I have provided. Verification may include completing a background check utilizing criminal history, credit check, and character references. I hereby hold the City of Jordan harmless and waive my right to pursue action against the city for denial of employment based on information reasonably obtained from other sources about my application.

Signature

Date

In the event of an offer and acceptance of employment with the City of Jordan, I understand that false or misleading information provided by me in this application is grounds for termination of employment without recourse. I further understand that employment with the City is subject to all policies, procedures, and rules maintained by the city or individual departments.

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date

