



City of Wahkon  
151 2nd St. E, P.O. Box 8  
Wahkon, MN 56386  
Phone/Fax - (320) 495-3441

## APPLICATION FOR EMPLOYMENT

The City of Wahkon considers applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, marital status, disability, sexual orientation or status with regard to public assistance.

1. Title of specific position for which you are applying			2. Date of Application		3. Date available for work	
4. Last Name		First Name		Middle Name		5. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Street Address			7. City		8. State and Zip	
9. Residence Phone		10. Business Phone		11. Cell Phone		12. E-mail Address
13. Employment condition desired: (check one) Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>			14. Have you previously been employed by the City? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date _____ Position _____			
15. If position involves driving, please indicate driver's license number Number _____ State _____ Class _____						
16. Are you a citizen of the United States or in the country legally/lawfully with a work visa? (If hired, you will be required to provide proof of citizenship or employability) Yes <input type="checkbox"/> No <input type="checkbox"/>						
17. Education. Did you graduate from high school or receive a GED? Yes <input type="checkbox"/> No <input type="checkbox"/> School Attended _____ How many years of education have you had? (circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Names and locations of colleges, universities, technical schools Did you graduate? Certificate/degree Course of study 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 <input type="checkbox"/>						
18. Relevant current professional memberships, registrations, or licenses.						
19. Job-relevant volunteer and unpaid work experience						
Kind of Volunteer Activity (do not specify organization)		Major Responsibilities		#Hours Per Month		Years From To


[illegible]

<b>Employer</b> _____	<b>Your Title</b> _____
<b>Type of Business</b> _____	<b>Length of Employment:</b>
<b>Street Address</b> _____	From: _____ To: _____
<b>City, State, Zip</b> _____	<b>Total Years</b> _____
<b>Phone number</b> _____	<b>Hours Per Week</b> _____ <b>Last Salary</b> _____
<b>Supervisor's name</b> _____	<b>Reason for Leaving:</b> _____
<b>Supervisor's title</b> _____	_____
May we contact this employer?      Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain _____	
<b>Number and type of positions you supervised:</b> _____	
<b>Principal Responsibilities - Be Complete:</b> _____ _____ _____ _____ _____ _____ _____	

[illegible][illegible]

**22. Word Processing/Computer Experience: Number of Years** \_\_\_\_\_  
**List Software and hardware you are familiar with** \_\_\_\_\_

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**CLERICAL APPLICANTS ONLY:**                      **Typing Speed** \_\_\_\_\_ **WPM**

**23. Give the names of four people other than relatives who can be contacted regarding your qualifications, work habits and character.**

NAME	PRESENT ADDRESS	TELEPHONE	POSITION & RELATION TO YOUR WORK

**24. Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? Yes ☐ No ☐**

**If 'yes' to #25, are you a permanent resident of the State of Minnesota? Yes ☐ No ☐**

**If 'yes' to #25, were you disabled during your service in the military? Yes ☐ No ☐**

**25. If applying for Veterans' Preference points, state your qualifications and provide a copy of form DD214. Failure to make the disclosure and to provide form DD214 will make you ineligible for Veterans' Preference.**

**I have provided my qualifications for receiving the Veterans' Preference Yes ☐ No ☐**

**I have attached a copy of form DD214 to this application Yes ☐ No ☐**

**26. Where did you hear about this position? \_\_\_\_\_**

**Note to all applications: 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.**

## **SIGNATURE**

**In connection with this application for employment, I authorize the City of Wahkon and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the City of Wahkon and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.**

☐ **YES**

☐ **YES, but not present employer until job is offered**

☐ **NO (We may be unable to hire you without this information)**

**I understand that no management official other than the clerk-treasurer, via city council direction, has the authority to make oral or written employment offers for a specified period of time or for specified conditions. I also understand that any document regarding my employment must be in writing and signed by me.**

**I understand that neither this document nor any offer of employment from the City constitutes an employment contract unless a specified document to that affect is executed by the clerk-treasurer and me in writing. Unless a written document saying otherwise is signed by the clerk-treasurer and me, then my employment status is that of an employee at will who can quit or be terminated at any time for any reason. All City employees are employees at will unless covered by a labor contract or other written agreement.**

**The City has the right to verify information provided in the application. I certify that the answers given herein (and accompanying resume, if any) are true and complete to the best of my knowledge and I have not omitted any information. I further understand that false, misleading, or omitted information in my application form, interview(s), or resume (if any) may disqualify me for further consideration for employment or result in immediate discharge if discovered at a later date.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT (do not print)**

\_\_\_\_\_  
**PRINTED NAME OF APPLICANT**

## **NOTICE TO CITY OF WAHKON EMPLOYMENT APPLICANTS**

### **IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION**

Minnesota Statutes Section 13.04 on data privacy requires that you be informed that the following information which you will be asked to provide in the employment process, is considered private data:

- Home address
- Home phone number
- Social Security number
- Date of birth
- Conviction record
- Sex
- Age group
- Racial/ethnic group
- Disability type

We ask for this information for the following reasons:

- To distinguish you from all other applicants and identify you in our personnel files.
- To enable us to verify that you are the individual who is applying for the examination (in cases where an examination is required).
- To enable us to contact you when additional information is required, send you notices, and schedule you for interviews.
- To determine if you meet the minimum age requirements (if any).
- To determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position that you applied for.
- To enable us to ensure your rights to equal opportunities.
- To meet federal reporting requirements.
- To make processing more efficient.

The data supplied may be used for other purposes as may be determined to be necessary in the administration of the Civil Service Act and the rules and regulations promulgated pursuant thereto.

Furnishing Social Security numbers, dates of birth (unless a minimum age is required), sex, age group, racial/ethnic group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you and to other persons in the City or City-related programs who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

With respect to a position that is subject to the Civil Service Act, if you pass the examination, your name, score, and standing will become public information and may be provided to anyone.

If you are hired by the City of Wahkon, you will legally be required to supply your Social Security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration, and will enable us to complete your salary deductions. Insurance data, which you will be required to furnish in order to participate in city health and life insurance plans, will be classified as private as will payroll deduction data.

I have read and understand the information given above regarding the Minnesota Data Practices Act.

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Applicant Signature

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Date