

APPLICATION FOR EMPLOYMENT
CITY OF BABBITT
An Equal Opportunity Employer

Date _____

PERSONAL INFORMATION

Name _____
Last First Middle

Address _____
Street or PO Box City State Zip Code

Telephone (Work) _____ (Home) _____

Are you 16 years or older? Circle one YES NO Do you have a driver's license? YES NO

EMPLOYMENT DESIRED

Position _____ Date Available _____ Starting Wage _____

Do you wish to work (circle one) Full Time Part Time (how many hours _____) Temporary

Have you applied to the city before? YES NO If YES, when _____

Have you worked for the city before? YES NO If YES, when _____
Reason for leaving _____

How did you hear of this position? EMPLOYEE NEWSPAPER OTHER _____

EDUCATION Name & Location # of yrs. Attended Degree, Major, Course

HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TRADE SCHOOL OR CORRESPONDENCE SCHOOL			

FORMER EMPLOYERS-list most recent first

1. Name _____ Address _____
Phone _____ Starting Date _____ End Date _____
Weekly Starting Wage _____ Weekly Final Wage _____
Job Title _____ Supervisor Name & Title _____
Description of Work _____
Reason for Leaving _____
2. Name _____ Address _____
Phone _____ Starting Date _____ End Date _____
Weekly Starting Wage _____ Weekly Final Wage _____
Job Title _____ Supervisor Name & Title _____
Description of Work _____
Reason for Leaving _____
3. Name _____ Address _____
Phone _____ Starting Date _____ End Date _____
Weekly Starting Wage _____ Weekly Final Wage _____
Job Title _____ Supervisor Name & Title _____
Description of Work _____
Reason for Leaving _____

REFERENCES-list three persons not related to you whom you have known for at least one year

Name	Address	Occupation	Phone
1.			
2.			
3.			

GENERAL

Machines Used _____

Special Training _____

Special Skills _____

Special Interests _____

Why would you do well in this position _____

Computer Experience? _____

AUTHORIZATION

I certify that the information contained in this application (and accompanying resume, if applicable) is correct and I have not omitted any information. I understand that falsification or omission of information may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I authorize the schools, references and my prior employers listed above to provide my record, reason for leaving, and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result therefrom.

I agree to abide by and conform to the City's rules and regulations. I understand that my employment can be terminated with or without cause, at any time at the discretion of the city or myself.

Signature _____ Date _____

To be filled out by office:

Hire date _____

Starting salary _____

INFORMED CONSENT

**CITY OF BABBITT
71 South Drive
Babbitt, Minnesota 55706
218: 827-3647
Cathy A. Klegstad, City Clerk-Treasurer**

Date: _____

The following named individual has made application with this agency for employment.

Last Name of Applicant (*please print*): _____

First Name (*please print*): _____

Middle (full) (*please print*): _____

Maiden, Alias or former (*please print*): _____

Date of Birth: _____ Sex (M or F): _____
Month/Day/Year

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Babbitt for the purpose of employment with this agency as pursuant to Minnesota State Statute 299F.035.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant _____ Date _____

Terry G. Switajewski, Chief of Police

**Babbitt P.D.
71 South Drive
Babbitt, Minnesota 55706**

TENNESSEN WARNING/WAIVER OF CLAIMS

As an applicant for the position of _____, I have voluntarily supplied data about myself which may be public and/or private in nature.

I understand that, as part of the selection process, I am requested to supply this information. I understand that failure to provide accurate and adequate data may disqualify me from further consideration.

I understand that, even if I am hired for this position, I may be subject to dismissal or other disciplinary action if I have made an intentional effort to provide deceptive or misleading information.

I understand that this data will be kept on file for a period of one year, even if I am not hired for this position I understand that, if I am hired, this information will remain on file with the Babbitt Police Department and the City Hall office.

I further understand that this information will be used by the Babbitt Police Department to aid in the determination of my relative and/or specific suitability for employment as a _____.

Finally, I understand that the data which I have provided may be shared in whole, or in part, by other agencies within, the criminal justice system, by other private and public entities, and by other persons, for the purpose of conducting a background investigation.

I, therefore, waive my right to claim and hereby agree to hold harmless the City of Babbitt and the Babbitt Police Department, and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

Signed: _____
(full name of applicant)

Date: ____ / ____ / ____

Printed: _____
(full name of applicant)

Witness: _____

Date: ____ / ____ / ____

Terry G. Switajewski, Chief of Police
Babbitt P.D.
71 South Drive
Babbitt, Minnesota 55706

AUTHORIZATION TO RELEASE INFORMATION

Full Name _____ DOB ____ / ____ / ____

Race _____ Sex _____ (for criminal history check)

Current Address _____

MN Driver's License # _____

MN Post Board License # _____

Telephone # (home) _____ (work) _____

To Whomever It May Concern:

As an applicant for a position with the _____, I am requested to furnish information for use in determining the status of my moral, physical, and mental qualifications, including financial responsibility. In this connection, I authorize release of any and all information concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the requested information.

Subscribed and sworn
to before me this
_____ day of
_____, 2005.

Signed: _____

Date: ____ / ____ / ____

Notary Public
My Commission Expires:
