



City of Buhl

P.O. Box 704
 300 Jones Avenue
 Buhl, MN 55713-0704
 Office: 218-258-3226 * Fax: 218-258-3796

Date Received: _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address		City	State
			Zip Code
Home Phone: _____ Work Phone: _____ Other: _____		Are you a United States Citizen or legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if hired you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Applying For			Date Available to Work
Have you been previously interviewed or employed by the City of Buhl? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for the City of Buhl? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

Education			
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

Employment History

Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		
Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		
Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

References: Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Yrs. Known

If applying for Public Works Position, Please indicate whether you hold the following valid drivers licenses:

Class A _____ Class B _____ Class C _____
Drivers License Number: _____ State Issued: _____

Election of Veteran's Preference

Do you wish to claim a veteran's preference? Yes No

If so please check the preference you are claiming.

Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorable discharged by reason of disability incurred while on active duty).

Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).

Spouse of deceased veteran.

Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Signature: _____

Date: _____

The City of Buhl is an Equal Opportunity Employer. It is the policy of the City of Buhl not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Buhl is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications for the City of Buhl.

You are not legally required to provide this information; however, providing it may be necessary to determine if you qualify for employment. Disclosure of your social security number is voluntary, unless you are employed by the City of Buhl. If employed by the City, you must disclose it in order to be in compliance with state and federal tax withholding laws. If you do not supply the required information, the City of Buhl may not be able to consider you for employment. The use of the provided data we collect is limited to individuals whose jobs reasonably require access to this information. Persons or agencies with whom this information may be shared include:

1. City Administration Staff
2. City Council
3. Managers and Supervisors of departments where job openings occur.

Unless otherwise authorized by state statutes or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you.
2. The right to be told the contents and meaning of the data.
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the City Clerk of the City of Buhl.

I have read and understand the above information regarding my rights under the Minnesota Government Data Practices Act.

Signature

Date

Print Name

Address