

Background Check

A search of the Minnesota State Criminal Records Repository and/or the Federal Bureau of Investigation's Criminal Justice Information Criminal Files will be performed on you pursuant to Minnesota Statutes 299C.67 to 299C.371. By signing this form you are allowing the City of East Gull Lake to access any criminal data maintained in these files which applies under the statute.

Complete Name _____ Maiden: _____
Last First Middle
Previous: _____ Alias: _____
Date of Birth: _____ Sex: _____

I authorize this check to be done and understand that I have the following rights:

1. the right to be informed that the City of East Gull Lake will request a background check on the applicant to determine whether the above applicant has been convicted of a crime specified in Section 299C.67, subd. 2,
2. the right to be informed by the City of East Gull Lake response to the background check and to obtain from the City of East Gull Lake a copy of the background check report,
3. the right to obtain from the City of East Gull Lake any record that forms the basis for the report.
4. the right to challenge the accuracy and completeness of information contained in the report or record under Section 13.04, subd. 4, and
5. the right to be informed by the City of East Gull Lake if the above application to be employed by the City of the East Gull Lake or to continue as an employee has been denied because of the result of the background check.

Signature _____ Date _____

Disclosure Authorization and Release

I hereby authorize the City of East Gull Lake and its employees and representatives to seek any and all information they deem appropriate, unless said information is otherwise restricted by law, regarding my current and past employment and job performance. This information maybe provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against the City of East Gull Lake and its employees, representatives, and agents, and I release the City of East Gull Lake and its employees, representatives, and agents from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Signature _____ Date _____

Data Practice Release – General Authorization and Release Pursuant to MN §13.05, Subd. 4, Minnesota Data Practices Act

I _____ hereby authorize and grant my informed consent to permit you to release to and make available to the City of East Gull Lake and/or its agents and/or representatives; data classified as private which concerns me and which may be in your possession. The data, which I authorize to be, consists of private data, as defined by Minnesota Statutes Section 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes:

1. Criminal History Report
2. Educational Transcript(s)
3. Driving record

I understand that the purpose of permitting the City of East Gull Lake to have access to this information is to determine my suitability for employment with the city of East Gull Lake. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the department, including verification of my records an analysis by consultants to the City of East Gull Lake who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of East Gull Lake of that fact.

Signature _____ Date _____

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position Applied For:			Date of Application		
How did you learn about us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip
Telephone Number(s)	Home	Work	Other		
Social Security Number (optional – will remain private)			Your Employment may involve occasional use of a public vehicle. Do you have a valid Driver's License? If, so License # _____		

Best time to contact you at home is: _____: _____ am/pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If yes, give date _____ Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date available for work _____ / _____ / _____ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time (Please indicate: Mornings Afternoon Evenings)
 Temporary (Please indicate dates available _____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you have the required licenses(s) to perform job? Yes No

Please List: _____

Education

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Work Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		

Comments:

Include explanation of any gaps in employment.

NAME: _____
DATE: ____/____/____

Personal/Professional References

Name	Phone Number	Best Time to Call	Occupation

Additional Information

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Please list any specialized skills that may be relevant to position. (i.e. Computer Experience, Office Equipment)

All employment offers may be 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.

Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize any or all education institutions and prior employers list in the application to provide information concerning me as it may relate to consideration of my application for employment. I release those parties from any and all liability or claims for damage that may result from such.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that any false or omission information given in my application or interview(s) may result in disqualification from further consideration or discharge if discovered at a later date.

Signature of Applicant

Date