



City of Foley

251 4th Avenue N

PO Box 709

Foley, MN 56329

(320) 968-7260 Fax (320) 968-6325

www.ci.foley.mn.us

Employment Application

All persons are welcome to apply with the City of Foley. No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, sexual preference, religion, or status with regard to public assistance, disability, handicap, or conviction of a crime, unless, the crime relates directly to the position sought.

Thank you for your interest in employment with the City of Foley.

Please complete this application fully. You may attach any additional information that you believe qualifies you for the position for which you are applying. The attached material must supplement the application and not be in lieu of requested data. **Please print in ink or use typewriter.**

Position applied for:	Date of application:
Have you ever applied for employment with us before: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	

PERSONAL DATA

Last Name	First	Middle	Home Phone Number
Street Address			Work Phone Number
City, State, Zip Code		E-mail Address	Cell Phone Number

EDUCATION and TRAINING

	Educational Institutions	Years Completed	Diploma, Degree or Credits Earned	Course of Study
High School	Name:			
	City/State:			
College or University	Name:			
	City/State:			
Technical / or Other School	Name:			
	City/State:			
Other School	Name:			
	City/State:			

List any training, skills, experience or volunteer work acquired that is relevant to this position: _____

EMPLOYMENT HISTORY - List below last four employers, with most current one listed first.

Company Name:	Telephone
Street Address:	Employment Dates From _____ to _____
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Summary of Job Duties and Responsibilities	
Reason for Leaving:	

Company Name:	Telephone
Street Address:	Employment Dates From _____ to _____
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Summary of Job Duties and Responsibilities:	
Reason for Leaving:	

Company Name:	Telephone
Street Address:	Employment Dates From _____ to _____
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Summary of Job Duties and Responsibilities:	
Reason for Leaving:	

Company Name:	Telephone
Street Address:	Employment Dates From _____ to _____
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Summary of Job Duties and Responsibilities:	
Reason for Leaving:	

MILITARY - Please complete this section if you served in the U.S. Armed Forces and wish to apply for Veteran's Preference Bonus Points. In addition, complete the attached Veteran's Preference Form.

Branch of Service	Length of Active Duty	Rank at Discharge
Describe your duties and any special training:		

OFFICE EQUIPMENT / COMPUTER SOFTWARE PROGRAMS

What office machines do you operate proficiently?
List computer Software Applications you can operate:

LICENSES - If relevant, list other current professional registrations, licenses or certificates you have.

License/Certificate/Registration	Date Issued	Date of Expiration

REFERENCES - Please provide the name, address and phone number of three references who are **not** related to you and are **not** previous employers.

Name	Phone Number
Address, City, State and Zip	Relationship
Name	Phone Number
Address, City, State and Zip	Relationship
Name	Phone Number
Address, City, State and Zip	Relationship

JOB STATUS DESIRED:

Full-time	Part-time	Temporary	Seasonal	Substitute

Employment Position

POSITION APPLYING FOR:

Public Works					
Parks					
Fire Department					
Office / Other					
Municipal Swimming Pool	<input type="checkbox"/> Guarding	<input type="checkbox"/> Teaching	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Manager	<input type="checkbox"/> Substitute

LICENSES - If relevant, list other current professional registrations, licenses or certificates you have. Please provide copies and attach to application.

License	Date Completed	Expiration Date
WSI		
R94 Certification		
First Aid Certification		
CPR for the Professional Rescue		
Other		

AVAILABILITY TO WORK: *Please note that the City of Foley Municipal Swimming Pool and the City Parks are open 7 days a week; mornings, afternoons, evenings, weekends and holidays. Therefore, as an employee of the City of Foley you may be asked to work shifts during any of these times.*

<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekends	<input type="checkbox"/> Holidays
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time			

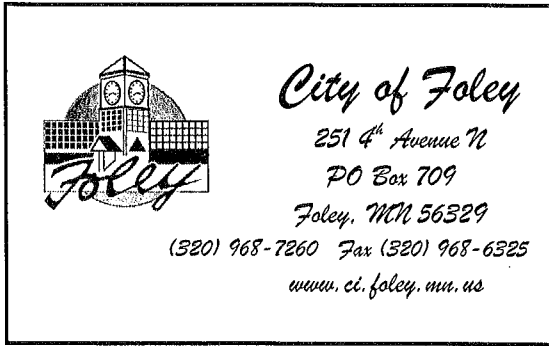
Available Starting Date: _____ Ending Date: _____

- Are you at least 18 years of age or older? _____ Yes _____ No
- Are you legally eligible for employment in the U.S. _____ Yes _____ No
- Do you have a valid driver's license? _____ Yes _____ No
- Has any of your education or experience been under another name? _____ Yes _____ No
- How did you hear about the position? _____

Please complete this application fully. You may attach any additional information that you believe qualifies you for the position for which you are applying. The attached material must supplement the application and not be in lieu of requested data.

Signature

Date



Terms of Application and Employment
(Tennesen Warning)

The Minnesota Government Data Practices Act requires that you be informed of the purposes and intended uses of the information you provided to the City of Foley during the application process or during employment. Any information about yourself that you provide to the City of Foley during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, your application may not be considered. All materials submitted in support of an application are normally retained with the applications and are not returned. You should not submit an original document if it is your only copy.

You are hereby advised that, under Minnesota law, the following information given by an applicant is considered to be public: veteran status, relevant test scores, rank on our eligible list, job history, education and training, and work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or when applicants are considered by the appointing authority to be finalists for a position with the City of Foley. "Finalist" means an individual who is selected to be interviewed by the appointing authority prior to selection.

The data concerning you, which is placed in your application folder or in your personnel file and which is not listed as public, is private. This private data will be shared with you and those members of the City Staff who need it to process the application, update your personnel record, evaluate your work performance, and if you are disabled, provide the necessary accommodations. It may also be shared with the following: persons authorized to have access to the information under State or Federal law, persons authorized by Court Order to have access to the information, and person to whom you consent in writing to have access to the information.



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

I authorize investigation of all statements contained herein and the references and employers listed in this Application for Employment as may be necessary in arriving at an employment decision. Moreover, I hereby release the City of Foley and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person. I understand that this application is not, and is not intended, to be a contract for employment and all employment at the City is on an "at-will basis" and that employment may be terminated by either the City of Foley or myself at anytime, with or without notice.

In the event of employment, I understand that false or misleading information given in my application, or interview(s), may result in discharge. I understand also, that I am required to abide by all rules and regulations of the City of Foley.

I certify that I have read and understand the information given above regarding the Minnesota Data Practices Act (MN Statutes 13.01-13.90), and I understand my rights.

 Signature

 Date

Office Use Only	
Date Received:	_____
Interview Date:	_____
Interview Time:	_____