



**CITY OF EGAN  
APPLICATION FOR EMPLOYMENT  
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**EDUCATION/TRAINING**

Do you have a high school diploma or GED?      Yes\_\_\_\_\_      No\_\_\_\_\_

Please circle highest year of education completed: 8 9 10 11 12 13 14 15 16 17 18 19 20

Please list high school, college or vocational institution attended; first to last attended.

Name/Address	Major	Degree Received

Please list any other training that may be applicable to your skills and abilities as a job applicant.

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Please check any equipment or machinery you are trained and qualified to operate.

\_\_\_\_\_ Mainframe Computer      \_\_\_\_\_ Personal Computer

Software Used: Please specify. \_\_\_\_\_

\_\_\_\_\_ Typewriter      \_\_\_\_\_ Calculator      \_\_\_\_\_ Dictating equipment

\_\_\_\_\_ Power Tools, Vehicles, Trucks, Heavy Equipment: Please specify. \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Please list any special skills you may have that may be applicable to your consideration as a job applicant. You may attach additional as needed.

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**WORK HISTORY**

Have you ever worked for the City of Egan? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please state last position held and period of employment.

Position Title: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Start with your present or most recent employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disability or other protected status.

Are you willing to have your present or most recent employer contacted regarding qualifications?

Yes\_\_\_\_\_ No\_\_\_\_\_

	<b>Company Name</b>	<b>Telephone</b> ( )
	<b>Address Street City State Zip</b>	<b>Employed (State Month/Year)</b> From To
<b>1</b>	<b>Name of Supervisor Supervisor's Title</b>	<b>Salary or Hourly Pay</b> Start Last
	<b>State Job Title and Describe Your Work</b>	<b>Reason for Leaving</b>
	<b>Company Name</b>	<b>Telephone</b> ( )
	<b>Address Street City State Zip</b>	<b>Employed (State Month/Year)</b> From To
<b>2</b>	<b>Name of Supervisor Supervisor's Title</b>	<b>Salary or Hourly Pay</b> Start Last
	<b>State Job Title and Describe Your Work</b>	<b>Reason for Leaving</b>
	<b>Company Name</b>	<b>Telephone</b> ( )
	<b>Address Street City State Zip</b>	<b>Employed (State Month/Year)</b> From To
<b>3</b>	<b>Name of Supervisor Supervisor's Title</b>	<b>Salary or Hourly Pay</b> Start Last
	<b>State Job Title and Describe Your Work</b>	<b>Reason for Leaving</b>
	<b>Company Name</b>	<b>Telephone</b> ( )
	<b>Address Street City State Zip</b>	<b>Employed (State Month/Year)</b> From To
<b>4</b>	<b>Name of Supervisor Supervisor's Title</b>	<b>Salary or Hourly Pay</b> Start Last
	<b>State Job Title and Describe Your Work</b>	<b>Reason for Leaving</b>

(You may attach additional sheets as needed.)

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**REFERENCES (other than listed on page 3)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ (daytime hours)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ (daytime hours)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ (daytime hours)

Are you at least age 18?      **Yes** \_\_\_\_\_      **No** \_\_\_\_\_      If no, what is your age? \_\_\_\_\_

**BACKGROUND INFORMATION:** The City of Egan conducts background checks for all employees. If you are 18 years of age or older, or are under 18 but have been convicted of a crime in adult court, please complete this section.

Have you been convicted in a court of law?      Yes \_\_\_\_\_      No \_\_\_\_\_

List below any violations, other than minor traffic offenses, for which you were convicted. **One or more convictions will not necessarily disqualify you from employment with the City of Egan. The decision will be based on a number of factors such as the duties of the job for which you are being considered, the seriousness of the offense of which you were convicted, your age at the time of the offense, rehabilitation efforts, the recency of the offense, etc.** Please be complete. All information is subject to verification. Failure to disclose convictions may result in disqualification.

OFFENSE	PLACE	DATE	DISPOSITION

## AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of the City of Egan employment process, we may be checking your background relative to job and personal references, criminal record, and social services record. In order to do that, we must have your authorization.

The undersigned hereby authorizes any state department of social services, any police department, and the City of Egan to obtain and/or release any and all information regarding the social services, work, credit, DOT mandated drug/alcohol testing if applicable, or criminal history of the undersigned applicant for consideration for employment by the City of Egan. The undersigned also understands that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from employment

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**Applicant Signature**

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**Date**

*Please read these carefully and sign:*

### Pre-employment Agreement

I understand and agree that:

1. If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated.
2. The City has my authorization to thoroughly investigate my work, medical, and personal history that is job-related. I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.
3. In consideration of my employment, I agree to conform to the rules and regulations of the City.
4. Any doctor, hospital, or testing laboratory may conduct medical tests and I hereby give my consent to having all information released necessary for the City to determine my abilities to perform job duties now or in the future.
5. Passing the pre-employment physical examination including a drug and alcohol-screening test is a pre-requisite for qualifying for employment. If a job offer is made, I understand it is conditioned on this requirement. Failure to provide accurate medical information will be considered grounds for dismissal.
6. The City is an equal opportunity employer. The City does not discriminate and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
7. If employed, I understand that my employment is for no definite period of time, and if terminated the City is liable only for wages and salary and benefits earned as of the date of termination.
8. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.
9. This application is current and active for only the position applied for, and it will be necessary for me to fill out a new application for other positions that may be available.

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Signature of applicant

Date

### Authorization for reference and background requests

I have applied with the City of Egan for employment and I desire that they be fully advised of my records from previous employers for the past two years which pertain to required drug and alcohol testing. I, therefore,

respectfully request that you furnish the requested information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

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Signature of applicant

Date

CITY OF EGAN  
REFERENCE CHECKING FORM

Prior to gathering the following information regarding a reference check, make sure that the applicant has signed the release of information on the back of the employment application. A copy of the release should be provided to reference as proof of release of information.

Date of Reference Check: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Position applied for with the City of Egan: \_\_\_\_\_

Reference or Person Contacted: \_\_\_\_\_

Title of Reference: \_\_\_\_\_

Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

1. Applicant states he/she was employed with your organization from

Date \_\_\_\_\_ to \_\_\_\_\_

In the position of: \_\_\_\_\_

Is that correct : [  ] Yes [  ] No

If no, correct dates are \_\_\_\_\_ to \_\_\_\_\_.

2. What was the nature of the job when he/she started?

\_\_\_\_\_

3. What was the nature of the job when he/she left employment?

\_\_\_\_\_

\_\_\_\_\_

4. Please provide a summary of the applicant's job performance.

\_\_\_\_\_

\_\_\_\_\_

Were there any attendance problems or major faults? [  ] Yes [  ] No

Does the applicant adhere to rules of the company?  Yes  No

How does applicant get along with the other staff members? (Ability to work with others)

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How is applicant involved in the community?

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Would the applicant be eligible for rehire?  Yes  No

If the applicant is eligible for rehire, would you rehire him/her?  Yes  No

What were his/her reasons for leaving?

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Where was applicant employed prior to your company?

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Are you aware of any documented adverse circumstances in the employee's employment history that you believe is substantial enough to impact our decision to hire/not hire this person?  No  Yes. If yes, please describe.

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Are there any additional comments that you could make to help us make a decision?

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How would you rate this individual on a 1-10 rating system (10 the best)

1 2 3 4 5 6 7 8 9 10

Signature of person conducting reference check: \_\_\_\_\_