



**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.

---

---

---

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.

---

---

---

---



**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 (Sentence)

**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 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.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**