

City of Rockford

6031 Main Street Rockford, MN 55373 763-477-6565 FAX 763-477-4393 www.cityofrockford.org

We welcome you as an applicant for employment with the City of Rockford. It is the city's policy to provide equal opportunity in employment. The city will not discriminate on the basis of race, age, religion, national origin, marital status, disability, sex sexual preference, status with regard to public assistance, or any other basis protected by law.

The Information contained in the application is considered private data under the Minnesota Data Privacy Act, and will be used only in conjunction with your possible employment. Please furnish complete information, which provides additional details about your qualifications for employment in the position you seek. Your application will be evaluated in comparison to the requirements for that position. As an applicant for employment, your name is considered private until you become a finalist for employment with the City. You are considered finalist if and when you are selected for a final interview.

Employment Application

			Applican	t Informa	tion					
Full Name:						Date:				
	Last First				M.I.					
Address: _	Street Address				Apartment/Unit #					
	City					State		ZIP Co	ode	
Phone: ()		E-r	nail Addre	ss: _					
Date Availa	ble:	-				Desired S	alary:	\$		
Position App	plied for:									
· ·			If no, are	If no, are you authorized to work in the U.S.? YES NO □ □ □						
· · ·			If so, whe	f so, when?						
Have you e	ver been convicted of		YES NO							
If yes, expla	ain:									
			Edu	ucation						
High Schoo	l:									
_	To:			YES	NO	Degree:				
College: _			Address	_						
_		To: Did you graduate?		YES	NO	Degree:				
Other:			Address	_						
From:	To:			YES	NO	Degree:				

		References				
Please list three	e professional references.					
Full Name:		Relation	ship:			
Company:				Phone:	()	
Address:						
Full Name:		Relation	ship:			
Company:				Phone:	()	
Address:						
Company:				Phone:	_()	
Address:						
Company:		· · ·				
						- *
	To:					
	your previous supervisor for	YES	NO			
•	, ,			()	
Job Title:		Starting Salary: \$				
Responsibilities:						
	To:					
	your previous supervisor for	YES	NO			
Company:			Phone:)	
Address:			Su	pervisor:		
Job Title:		Starting Salary: \$			Ending Salary:	\$
	·					
	To:					
May we contact	your previous supervisor for	a reference?	NO			

Branch:	From: To:		
Rank at Discharge:	Type of Discharge:		
If other than honorable, explain:			
	n application for veteran's preference points, and submit the application thin seven days of the application deadline for the position for which		
Disc	laimer and Signature		
I certify that all information I have provided in the application for employment is true and complete to the best of my knowledge. I agree and understand that any false statements or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.			
I acknowledge that I have received a copy of the job description summary for the position for which I am applying. I further acknowledge my understanding that employment with the City of Rockford is "at will" and that employment may be terminated by either the City of Rockford or myself at any time, with or without notice.			
Signature:	Date:		