

Return To:  
 City Administrator  
 City of Montrose  
 PO Box 25  
 Montrose, MN 55363



Date Received:
Received By:

We appreciate your interest in working for the City of Montrose. Your application will be in competition with others for the petition in which you are interested. Please complete this application as fully and accurately as you can. Any missing, incomplete, false or misleading information may affect the City's review of your application. Please attach any information you feel will be helpful to the City in processing your application.

Work Preferences	
Position You Are Applying For:	Date Available To Start Work:
Type Of Work: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	

Personal Information	
Last Name:	First Name:                      Middle Name:
Address:	Home Phone:
	Cell Phone:
Email Address:	Work Phone:
May We Call You At Work <input type="checkbox"/> Yes <input type="checkbox"/> No	

If The Position Involves Driving: Driver's License No. _____ State: _____ Class: _____
Are You A United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are You At Least 18 Yeas Old? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education And Training		
Have You Graduated From High School Or Obtained A GED? <input type="checkbox"/> Yes <input type="checkbox"/> No    Name Of Last High School Attended: _____		
Years Of School Completed: High School <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	College <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16	Graduate School <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> MA <input type="checkbox"/> PHD <input type="checkbox"/> JD

Name of Technical/Community/ College/ University Attended	City And State	Name Of Certificate/ Degree	Major/Course(s) Of Study	Date(s) Attended

What Trade/Professional Licenses Or Professional Memberships Do You Hold?
What Specialized Skills Do You Have Related To The Position You Are Applying For?

Employment History	
Company Name:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone:	Dates Employed:
Address:	Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:	Starting And Final Salary/Wage:
Position/Duties:	Reasons For Leaving:

Company Name:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone:	Dates Employed:
Address:	Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:	Starting And Final Salary/Wage:
Position/Duties:	Reasons For Leaving:

Company Name:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone:	Dates Employed:
Address:	Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:	Starting And Final Salary/Wage:
Position/Duties:	Reasons For Leaving:

Company Name:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone:	Dates Employed:
Address:	Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:	Starting And Final Salary/Wage:
Position/Duties:	Reasons For Leaving:



### Criminal/Background Check

The City reserves the right to perform a Criminal Background Check on any applicants selected for an interview pursuant to Minn. Stat. Ch. 364.

The City reserves the right to perform a Credit Check on any applicants.

If the City chooses to perform such checks, the City will inform the applicant. If the applicant refuses to have such a check done the applicant will be disqualified from employment.

### Drug Test/Physical

The City reserves the right to require Drug Tests and/or a Physical for any applicant.

If the City chooses to perform such checks, the City will inform the applicant. If the applicant refuses to have such a check done the applicant will be disqualified from employment.

### Authorization And Certification

I hereby authorize the entities and persons listed above to release to the City of Montrose and any agent acting on its behalf data classified as private. The data which I authorize to be released consists of private data, as defined by Minn. Stat. 13.02, subd. 123, and has been or will be collected, created, received, retained, or disseminated in whatever form which is in any way related to employment. I fully understand that the purpose of permitting the City of Montrose to have access to this information is to determine my suitability for employment

This authorization shall be valid for one year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City of Montrose. I also acknowledge that a photocopy of this authorization may be used instead of the original and that photocopy shall be considered as valid as the original.

I certify that all information I have provided in this 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 release all parties from any and all liability and claims for damage whatsoever that may result therefrom.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**City of Montrose**  
**Equal Employment Opportunity Information**

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 orientation, status with regard to public assistance, or any other basis protected by law. The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population.

The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Montrose appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Please indicate the position(s) for which you are applying:

Please indicate how you heard about this position:

Please place a check in the appropriate blanks:

Gender:  Male  Female

With which racial/ethnic group do you identify?

- Asian or Pacific Islander
- African American (Black)
- Hispanic
- Native American or Alaskan Eskimo
- Caucasian (White)
- Other (Please indicate: \_\_\_\_\_)

Disability status, defined as:

- 1) Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;
- 2) Has a record of such an impairment (condition);
- 3) Is regarded as having such an impairment (condition).

Based on the above information, do you claim Disability status?

Yes  No

**CITY OF MONTROSE  
TENNESSEN WARNING FORM**

**It is the City of Montrose’s responsibility to inform potential employees of their privacy rights. Please carefully read the Tennessee Warning provided below. Sign and date the form and return it with your application. Your signature indicates that you have received information regarding your rights as they pertain to the Minnesota Government Data Practices Act.**

In accordance with the Minnesota Government Data Practices Act, the City of Montrose is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not to the public; the personal information we collect about you is private. Minnesota State Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment at the City of Montrose. All data collected is considered private except for the following:

1. Your Veteran’s Status
2. Relevant test scores
3. Your job history
4. Your education and training
5. Your work availability

Your name is considered to be private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of the City of Montrose. Furnishing social security numbers is voluntary for applicants to the City of Montrose, but refusal to supply other requested information would mean that your application for employment might not be considered.

Private data is available only to you, to appropriate city employees, and others as provided by state and federal laws who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment that is not designated in this notice as private data.

The information you give about yourself is needed to identify you and to assist the City of Montrose in determining your suitability for the position for which you are applying.

I have read and understand the information given above regarding the Minnesota Data Practices Act.

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

\_\_\_\_\_  
Date