

**Employment Application**  
**City of Dawson**  
**675 Chestnut Street - PO Box 552**  
**Dawson, MN 56232**  
320-769-2154 / Fax 320-769-2858

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

1. Position you are applying for:			2. Date		3. Date You Can Start	
4. Last Name			First Name		Middle Name	
			5. Are you 18 Years of Age or Older?			
6. Home Telephone:			7. Work Telephone:			
8. Street Address			9. Mailing address:			
10. City, State & Zip Code:						
Are you legally eligible to work in the United States in the position for which you are applying for?						
11. Have you had any convictions other than minor traffic? Yes No (Circle one) If yes, explain on a separate page.						
12. Ever applied for a job with the City of Dawson before?				13. Are you Employed Now? Yes No		
14. If so may we inquire of your present employer? Yes No				15. Salary Desired		
16. Have you ever been convicted of a felony? Yes No (circle one) A background check will be done for candidates for this position.						
17. Referred By						
18. Education		Name & Location of School		Circle last year completed		Did You Graduate?
						Degree
Elementary School						
High School				1 2 3 4		Yes No
College				1 2 3 4		Yes No
Trade, Business or Correspondence School				1 2 3 4		Yes No
19. Please list any Job Related Skills (typing, driver's license, CPR , etc)						
20. Military Service: Date of Duty _____ Branch of Service _____ A. Type of Separation or Discharge (Honorable, General, etc) _____ B. Service Connected to Disability (Type/Percent) _____						
21. Auxiliary Aids & Assistance: If, due to a disability, you need assistance in completing an application or if you anticipate that you will need auxiliary aids service in the selection process, please notify the City Clerk at (320)769-2154.						

**Former Employers** List below your last four employers, starting with the last one first

Name & Address of Employer	Salary	Position	Reason For Leaving	May we Contact This Employer?

**REFERENCES:** List below three persons not related to you, whom you have known at least one year.

Name	Address	Relationship to You	Yrs Acquainted	Telephone No.

**TENNESSEN WARNING**

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Dawson during the application process or during employment.

**AUTHORIZATION**

I certify that the facts contained in this application ( and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the City.

I understand that any employment is conditioned on a background check. I authorize the City of Dawson to thoroughly investigate all statements contained in my application and/or resume, I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the City, without giving me prior notice of such disclosure. In addition, I release the City, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

**I understand and agree that nothing contained I this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the City. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City unless made in writing.**

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the City and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the city the results of the examinations, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is cntingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the City's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the City to hire. If hired, I agree to abide by all City work rules, policies and procedures. The City retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_