Position Applied for	r:	Full Tim	e Par	t Time	Date:
Name	(last)	(First)		(Middle)	
Social Security #		Phone #	Home: Other:	( ) ( )	
Are you a U.S. Citiz	zen?	Expected salary: \$	<del></del>	Per	
Address:	(Street)		(City)	(State)	[
Previous Address (if less than 3 yrs)	(Street)		(City)	(State)	[
Are you related to a	anyone employed by the Cir	ty of Sturgeon?	If yes, ple	ase state name & title:	
Have you been emp	loyed by the City of Sturge	on previously?	If yes, ple	ase state dates:	
Have you served in	the Military:				
Do you have Certifi	cation/Licenses in: Water Distribution Wastewater	License #License #		Exp Date	Classification: A B C D A B C D
Drivers License #: _		Classific	ation:		
Are there convictions If YES, please expla		n the past FIVE (5) years that	could exclud	<b>le you</b> from driving the c	ity's maintenance trucks?

This will not disqualify you from being considered should you meet the qualifications of the job. Our insurance checks the MVR records on all employees.

WORK EXPERIENCE	Please answer YES or NO to the following questions:			
Have you had experience in the following areas?				
Electrical Work	If <b>YES</b> , please describe:			
Water Distribution	If <b>YES</b> , please describe:			
Waste Water	If <b>YES</b> , please describe:			
Street Work	If <b>YES</b> , please describe:			
Painting	If <b>YES</b> , please describe:			
Welding	If <b>YES</b> , please describe:			
Concrete Wk	If <b>YES</b> , please describe:			
Tree trimming	If <b>YES</b> , please describe:			
Mowing	If <b>YES</b> , please describe:			
Marking Plots	If <b>YES</b> , please describe:			
Budgets	If <b>YES</b> , please describe:			
Can you operate the following	equipment?			
Backhoe	If YES, please describe:			
Tractor	If <b>YES</b> , please describe:			
Road Grader	If <b>YES</b> , please describe:			
Skid Steer	If <b>YES</b> , please describe:			
Dump Truck	If <b>YES</b> , please describe:			
Snow Blade/Plow	If <b>YES</b> , please describe:			
Mowers	If <b>YES</b> , please describe:			
Please list any additional training or experience that you have that is not already listed:				

# **Work History**

List Previous employes for the last five years (beginning with the most recent or current)

	Name and Address	Date Hired/	Wages/	Reason for Leaving	May we
(4)	Name of Supervisor	Date left	per hour		contact?
<b>(1)</b>					<b>.</b>
					Y
					N
					- '
					1
(2)					
` /					Y
					1
					N
(3)					4
					Y
					N
					-
(4)					1
(4)					$\mathbf{Y}$
					1 1
					N
					<b>†</b>
					1

### City of Sturgeon

### Education

Please begin with high school & include any college, vocational or technical training:

Name and Address	Major Courses	Degree	Year Graduated

### City of Sturgeon

#### References:

Please list the names and addresses of 3 (three) personal references, all of whom are not related or a former employer.

(1)				
	(Name)			length of time known
	Address	City	State	Phone
(2)				
	(Name)			length of time known
	Address	City	State	Phone
(3)				
	(Name)			length of time known
	Address	City	State	Phone
Applican	ats Statement:			
	I certify that answers given herein are true as contained in this application for employmen employment, I understand that false or misle	t as may be necessary in a	rriving at an employmen	nt decision. In the event of
	I understand also that I am to abide by all ru	les and regulations set fort	h by the City of Sturge	on.
	(Signature)		(D	 Oate)

## Authority for Release of Information and Waiver

I, do here	by authorize a review of full disclosure of all
	ized agent of the City of Sturgeon, whether the ential nature. I understand that such request use of negative information, any part of which
The intent of this authorization is to give my crecords of educational institutions; financial oloans; employment and re-employment record ratings, complaints or grievances filed by or a examinations and the records and recollection presently have, or have had an interest. I here confidentiality for any attorney with whom I have	or credit institutions, including records of ls, including background reports, efficiency gainst me; the results of any polygraph is of attorney at law, or civil, in which I beby waive the attorney-client privilege of
I understand that any information obtained by which is developed directly or indirectly, in who considered in determining my suitability for understand that all materials pertaining to this property of the City of Sturgeon and will not be person(s) who may furnish such information caccountable for giving this information in any from any and all liability which may be incurred. A photocopy of this release form will be valid	hile or part, upon its release authorization will or employment by the City of Sturgeon. It is background investigation become the be returned to me. I also certify that any concerning me shall not be held legally way; and I do hereby release said person(s) red as a result of furnishing such information.
photocopy does not contain and original writing	
Full Name (Print, include maiden name)	Date of Birth
Address	Social Security Number
City/State/Zip Code	Phone (include area code)
Signature of Applicant	
Subscribed and sworn to before me this	day of .20 .