CITY OF MADELIA Minnesota

Pride of the Prairie

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APPLICATION FOR SEASONAL EMPLOYMENT

Title of Position: _____ **Date of Application:** _____

Date Available for Work: _____

Last Name	First Name	Middle Name	Social Security Number

Cell Phone	Home Phone	Work Phone

Present Address	City	State	Zip Code

Permanent Address (If Different From Above)	City	State	Zip Code

Days and Hours Available to Work: _____

Driver's License Number	State Issued	Class

Education Information

	Name	Address	City	State	Zip Code
High School					
Trade/Business/ Vocational					
	Major (If Applicable)	**Degree (If Applicable)**			
Undergraduate Studies					
	Major (If Applicable)	**Degree (If Applicable)**			
Graduate Studies					
	Major (If Applicable)	**Degree (If Applicable)**			
Apprenticeship Served					
	Major (If Applicable)	**Degree (If Applicable)**			

Please List Relevant Professional Memberships, Registrations, or Licenses:

_____

_____

_____

Work History

Employing Firm	Employer Phone Number	Employment Dates	Position

References

List three references you have known for at least one year who can attest to you work qualities.

Reference #1

Name	Address

Relationship	Telephone Number	# Years Acquainted

Reference #2

Name	Address

Relationship	Telephone Number	# Years Acquainted

Reference #3

Name	Address

Relationship	Telephone Number	# Years Acquainted

Informed Consent

General Authorization and Release Pursuant to Minnesota Statutes §13.05, Subd. 4, Minnesota Data Practices Act

I hereby authorize and grant my informed consent to permit the release of data to the police department serving the City of Madelia, Minnesota, and/or its agent and/or representatives, data classified as private which concerns me and that may be in your possession. The data which I authorize to be released consists of private data as defined by Minnesota Statutes §13.04, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your representatives. The information from which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the following types of data are among those pertinent to the review of my employment applications: educational records, military record, employment data (current and former), arrest records, conviction records, professional and personal references, and driver's license records. I understand that the purpose of permitting the City of Madelia to have access to this information is to determine my suitability for employment.

I understand that any decision to hire me is contingent upon the results of an investigatory report. I further understand that misrepresentation or omission of information will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered. I hereby release any person who provides information pursuant to this document from any claims or liability by me or on my behalf.

By signing this authorization, I hereby release the police department serving the City of Madelia and the Bureau of Criminal Apprehension from any and all liability which otherwise may or does happen as a result of the release of any and all data, regardless of its accuracy. I also release the City of Madelia from any and all liability for its receipt and use of data received pursuant to their consent.

This authorization or a copy of this authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to the expiration, cancel the written authorization by providing written notice to the City or to you of that fact.

Signature

Signature: _____ Date: _____

Applicant Information

Please print clearly in ink or type

Name	**Middle**	**Last**

Address	**City**	**State**	**Zip Code**

Applicant Date of Birth	**Driver's License Number**	**Driver's License State**