CITY OF HANSKA

**APPLICATION FOR SEASONAL EMPLOYMENT**

**Title of Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Available for Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Last Name First Name Middle Name Social Security Number**

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**Cell Phone Home Phone Work Phone**

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**Present Address City State Zip Code**

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

**Days and Hours Available to Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Driver’s License Number State Issued Class**

**Education Information**

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| **High School** |  |  |  |  |  |

**Name Address City State Zip Code**

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| **Trade/Business/** |  |  |  |  |  |

**Vocational Name Address City State Zip Code**

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**Major (If Applicable) Degree (If Applicable)**

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| **Undergraduate** |  |  |  |  |  |

**Studies Name Address City State Zip Code**

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**Major (If Applicable) Degree (If Applicable)**

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| **Graduate Studies** |  |  |  |  |  |

**Name Address City State Zip Code**

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**Major (If Applicable) Degree (If Applicable)**

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| **Apprenticeship** |  |  |  |  |  |

**Served Name Address City State Zip Code**

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**Major (If Applicable) Degree (If Applicable)**

**Please List Relevant Professional Memberships, Registrations, or Licenses:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work History**

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**Employing Firm Employer Phone Number Employment Dates Position**

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**Employing Firm Employer Phone Number Employment Dates Position**

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**Employing Firm Employer Phone Number Employment Dates Position**

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**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**

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**Name Address**

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**Relationship Telephone Number # Years Acquainted**

**Reference #2**

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**Name Address**

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**Relationship Telephone Number # Years Acquainted**

**Reference #3**

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**Name Address**

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**Relationship Telephone Number # Years Acquainted**

City of Hanska • 201 Broadway P.O. Box 91 • Hanska, MN 56041

Phone: (507) 439-6246 • Fax: (507) 439-6400

Email: hanska@sleepyeytel.net • Website: www.cityofhanska.com

**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 Hanska, 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 Hanska 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 Hanska 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 Hanska 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*

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**Name Middle Last**

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**Address City State Zip Code**

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