

Name (Print): _____ Position: _Seasonal Part-time Maintenance

EMPLOYMENT APPLICATION



Sunrise Township
P.O. Box 933
North Branch, MN 55056
651-674-6046
Fax 651-674-6046
www.sunrisetownship.com

It is Sunrise Township's policy to provide equal opportunity in all areas of employment practices and to assure that there shall be no discrimination against any employee or applicant.

TODAY'S DATE: _____ DATE AVAILABLE FOR WORK: _____

NAME (PRINT): _____
LAST FIRST MI

ADDRESS: _____
STREET CITY STATE ZIP

HOME TELEPHONE NO.: () _____ CELL PHONE NO.: () _____

Have you applied for a position with Sunrise Township before? Yes No If yes, when? _____

(Proof of citizenship or immigration status will be required upon employment).

Have you served a sentence in jail or prison or been convicted of a crime for which a jail sentence could have been imposed? You may answer "no" if the conviction or criminal record has been annulled, expunged, sealed, set aside, or purged, or if you have been pardoned pursuant to law.

Yes No (Note: a conviction is not necessarily a bar to employment).

Do you have a valid driver license (if required for position applying for) Yes No If yes, class: _____

Drivers license No. (if required by job) _____ State _____

TENNESSEN WARNING

This application is to assist in the process of referring you to county agencies for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to county agencies where you may be considered for employment. Names of applicants would become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

REFERENCES

References should be people who know you well, preferably from work experience. Do not list relatives.

1. Name: _____ Phone No. _____ Relationship to you: _____

2. Name: _____ Phone No. _____ Relationship to you: _____

3. Name: _____ Phone No. _____ Relationship to you: _____

EMPLOYMENT HISTORY

List current employment first. Include any military time. If more space is needed, attach separate sheet of paper.

Employer: _____	Dates of Employment: From _____ To _____
Address: _____	Telephone No. _____
Your Position Title: _____	Describe Your Work Duties: _____
Reason for Leaving: _____ Your Supervisors Name: _____	

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Your Position Title: _____	Describe Your Work Duties: _____
Reason for Leaving: _____ Your Supervisors Name: _____	

Describe any additional experience or training that qualifies you for this position: _____

Please use this space to explain any gaps in employment dates: _____

Unless stated herein, I authorize Sunrise Township to conduct reference checks into any job-related information contained in this application, including, but not limited to, present and former employers, and my records maintained by an educational institution relating to academic performance such as transcripts.

Yes Yes, but not present employer until job is offered No Employer: _____

Sunrise Township will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, status with regard to public assistance, or veteran status.

In order for us to comply with certain record keeping requirements, we ask that you fill out this document. This information is used solely for government reporting and will be kept in a confidential file separate from your application for employment.

Governmental agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only.

Submission of information is voluntary. You are not legally required to provide this information.

Today's Date: _____ Position Applying For: Seasonal Maintenance (part-time)

Name: _____

Gender: Male Female

Race: White (not of Hispanic Origin) Black (not of Hispanic Origin) Hispanic
 Asian/Pacific Islander American Indian/Alaskan Native

Vietnam Era Veteran: No Yes Disabled Vietnam Era Veteran: No Yes

Disability Status:

A person with a disability is defined as:

1. Having a physical or mental impairment which substantially limits one or more major life activities*.
2. Having a record of such an impairment.
3. Being regarded as having such an impairment.

*Major life activities include caring for oneself, performing manual tasks, walking, talking, hearing, seeing, speaking, breathing, learning, and working.

NOTE: Temporary, non-chronic impairments of short duration, with little or no long-term impact, are usually not disabilities. A visual problem which has been corrected by glasses is usually not a disability. Veterans who are rated as "disabled" by the Veterans Administration are not automatically "disabled" under this definition.

Based upon the above information, do you claim disability status? Yes No

Do you have special needs which may necessitate accommodations in the test facilities or test process?

Yes No If yes, please describe the type of accommodation needed:

Job accommodations will be considered on a case-by-case basis with essential function determinations being made for the position vacancy.