

# Marysville Township

3733 Dempsey Ave SW  
Waverly, MN 55390  
Office/Fax: 763-658-4064

Date Received: \_\_\_\_\_

## Personal Information

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Today's Date</b>
Street Address	City	State	Zip Code
Home Phone: (____)_____-_____		Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No ( <i>if hired, you will be required to provide documentation that you are eligible to work in the U.S.</i> )	
Work Phone: (____)_____-_____			
Other: (____)_____-_____			
Are you 18 or over? ____Yes ____No			
<b>Title of Position Applying For</b>			<b>Date Available to Work</b>
Have you been previously interviewed or employed by Marysville Township? ____Yes ____No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for Marysville Township? ____Yes ____No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

## Education

<b>Name and Location</b>	<b># Years Completed</b>	<b>Major Area of Study</b>	<b>Degree/Diploma</b>
High School			
College			
Graduate School			
Technical or Certificate Programs			

**Employment History**

Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay    Start:                      Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay    Start:                      Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay    Start:                      Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

References				
Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

If applying for Public Works Position, please indicate whether you hold the following valid driver’s licenses:

Class A \_\_\_\_\_ Class B \_\_\_\_\_ Class C \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

### Election of Veteran's Preference

Do you wish to claim a veteran's preference? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please check the preference you are claiming.

\_\_\_ Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).

\_\_\_ Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).

\_\_\_ Spouse of deceased veteran.

\_\_\_ Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

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

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Marysville Township is an Equal Opportunity Employer. It is the policy of Marysville Township not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **TENNESSEN WARNING**

Marysville Township  
3733 Dempsey Ave SW  
Waverly, MN 55390

In accordance with the Minnesota Government Data Practices Act, Marysville Township is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications for Marysville Township.

You are not legally required to provide this information; however, providing it may be necessary to determine if you qualify for employment. Disclosure of your social security number is voluntary, unless you are employed by Marysville Township. If employed by the Township, you must disclose it in order to be in compliance with state and federal tax withholding laws. If you do not supply the required information, Marysville Township may not be able to consider you for employment. The use of the provided data we collect is limited to individuals whose jobs reasonably require access to this information. Persons or agencies with whom this information may be shared include:

1. Township Board

Unless otherwise authorized by state statutes or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you.
2. The right to be told the contents and meaning of the data.
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Clerk/Treasurer of Marysville Township

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I have read and understand the above information regarding my rights under the Minnesota Government Data Practices Act.

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Signature

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Date

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Print Name

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Address