

JOB RELATED SKILLS: NOTE: Do not fill out any part of this section you believe to be non-job related.

Languages you are fluent in? _____

Yes No If the job requires, do you have the appropriate valid drivers license?
DL# _____ Type _____ State of Issue _____

Yes No Have you ever failed a previous DOT drug or alcohol test in the last two years.

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____

Yes No Have you been given a job description or had the requirements of the job explained to you?

Yes No Do you understand these requirements?

Yes No Can you perform the requirements of this job with or without reasonable accommodation?

EMPLOYMENT HISTORY:

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer? Yes No If yes, may we contact?

Company Name State Phone Number

From: _____ To: _____
Dates employed Job Title Supervisor Name

Duties

Salary PER (Hr/Week/Month) Reason for leaving

SECOND MOST RECENT EMPLOYER

Company Name State Phone Number

From: _____ To: _____
Dates employed Job Title Supervisor Name

Duties

Salary PER (Hr/Week/Month) Reason for leaving

THIRD MOST RECENT EMPLOYER

Company Name State Phone Number

From: _____ To: _____
Dates employed Job Title Supervisor Name

Duties

Salary PER (Hr/Week/Month) Reason for leaving

REFERENCES:

Include only individuals familiar with your work ability. **Do not include relatives.**

Name	Address/Phone	Years Known/Relationship
1.		
2.		
3.		

COMMENTS:

CERTIFICATION & RELEASE:

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. City of Hibbing policy requires drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with The City of Hibbing, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize the investigation of my past and present work, character, and education to ascertain any and all information which may be pertinent to my employment qualifications.

The release in any manner of any and all information by you is authorized whether such information is of record or not, and I do hereby release all person, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Print Your Full Name

Signature

Date