

APPLICATION FOR EMPLOYMENT



BALKAN TOWNSHIP

5524 Hwy 73
 P.O. Box 66
 Chisholm, MN 55719

This form has been designed to comply with the federal and state fair employment practice laws prohibiting discrimination. The Township is an Equal Opportunity Employer.

Applications will be kept active for six months. Please notify the Township of any changes occurring during that time. After six months, a revised or new application with resume should be submitted for future consideration.

INSTRUCTIONS TO APPLICANT:

Please use ink and fill out this form completely. A copy of your most recent resume must be attached. All information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment.

Name: _____ Date: _____

Address: _____ Telephone: _____

Position desired: _____

Other positions for which you feel you may be qualified: _____

When available for employment: _____ or temporary employment: _____

Would you accept part-time employment? _____ or temporary employment? _____

Have you ever applied to this Township before? _____ When? _____

List licenses or certificates held (include driver's license and class) _____

Describe special skills and knowledge relating to the position for which you are applying. Include technical skills, special training, participation in profession societies, civic, community and school organizations (including positions held), as well as hobbies and/or outside interests:

EDUCATION

	Name and Address of School	Course of Study	Completed		Diploma Degree
			Yes	No	
Elementary School					
High School					
College					

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EXPERIENCE

- List work history beginning with most recent experience first.
- For positions held more than five years ago, list only length of service, titles, and date of title changes.
- Are you a veteran of active military service? Yes ___ No ___
If answered "Yes", you will be required to provide proof of military service (DD 214) or similar release from active duty document at time of interview.

Name of Employer		Type of Business
Street Address, City, State, Zip Code		Phone
Employed From _____ to _____	May we contact now? No ___ Yes ___	Reason for Leaving
Complete Description of Duties		

Full-time or part-time _____ If part-time, average hours per week _____ hours

Name of Employer		Type of Business
Street Address, City, State, Zip Code		Phone
Dates Employed From _____ to _____	May we contact now? No ___ Yes ___	Reason for Leaving
Complete Description of Duties		

Full-time or part-time _____ If part-time, average hours per week _____ hours

Name of Employer		Type of Business
Street Address, City, State, Zip Code		Phone
Dates Employed From _____ to _____	May we contact now? No ___ Yes ___	Reason for Leaving
Complete Description of Duties		

Full-time or part-time _____ If part-time, average hours per week _____ hours

REFERENCES:

Name of Reference: _____

Address: _____

Phone: _____

Relationship: _____

Years known: _____

Name of Reference: _____

Address: _____

Phone: _____

Relationship: _____

Years known: _____

Name of Reference: _____

Address: _____

Phone: _____

Relationship: _____

Years known: _____

IMPORTANT: READ BEFORE SIGNING

- I certify that the information contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
- I authorize investigation of all statements contained herein and on the attached resume, and release all parties from all liability for any damages that may result.

Date: _____ Signature: _____



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RELEASE AUTHORIZATION

I, (please print full name, include middle name) _____,
hereby authorize investigation of any information contained in the Application for Employment
and/or supplemental materials, including driving record and criminal background check, I have
submitted in consideration for the position of _____ as may be needed to
arrive at an employment decision. I authorize any or all education institutions and prior
employers listed in the Application for Employment to provide information they may have
concerning me as it may relate to consideration of my application for this position. I release any
and all parties giving or receiving information from any and all liability or claims.

APPLICANT SIGNATURE

DATE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DRIVERS LICENSE NUMBER