

**APPLICATION FOR EMPLOYMENT**  
**CITY OF STOCKTON**  
An Equal Opportunity Employer

**PERSONAL INFORMATION**

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

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street or PO Box City State Zip Code

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Email: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Date Available \_\_\_\_\_ Starting Wage \_\_\_\_\_

Do you wish to work (circle one) Full Time Part Time (how many hours?) \_\_\_\_\_

Have you applied to the city before? NO YES, when? \_\_\_\_\_

<b>EDUCATION</b>	<b>Name &amp; Location</b>	<b># of yrs. Attended</b>	<b>Degree, Major, Course</b>
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**HIGH SCHOOL:** \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_

**FORMER EMPLOYEES** - list most recent first

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Starting Date \_\_\_\_\_ End Date \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor Name & Title \_\_\_\_\_  
Description of work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
  
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Starting Date \_\_\_\_\_ End Date \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor Name & Title \_\_\_\_\_  
Description of work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_
  
3. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Starting Date \_\_\_\_\_ End Date \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor Name & Title \_\_\_\_\_  
Description of work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**GENERAL**

Machines Used \_\_\_\_\_

Special Training \_\_\_\_\_

Special Skills \_\_\_\_\_

Why would you like this position \_\_\_\_\_

**REFERENCES** – list three persons not related to you whom you have known for at least one year

Name	Address	Occupation	Phone
1			
2			
3			

**AUTHORIZATION**

I certify that the information contained in this application (and accompanying resume, if applicable) is correct and I have not omitted any information. I understand that falsification or omission of information may disqualify myself from further consideration for employment or result in immediate dismissal if discovered at a later date.

I authorize the schools, references and my prior employers listed above to provide my record, reason for leaving, and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result therefrom.

I agree to abide by and conform to the City's rules and regulations. I understand that my employment can be terminated with or without cause, at any time at the discretion of the City or myself.

Signature: \_\_\_\_\_

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

**OFFICE USE ONLY**

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

Interview Date: \_\_\_\_\_ By whom: \_\_\_\_\_

Assessment: \_\_\_\_\_

NOTES: \_\_\_\_\_

**CITY OF STOCKTON BACKGROUND CHECKS  
RELEASE AND WAIVER - GENERAL AUTHORIZATION AND RELEASE  
PURSUANT TO MINNESOTA STATUTE 13.05, sub. 41 MINNESOTA DATA ACT**

I am an applicant for a position with the city of Stockton. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal employment history be disclosed to the above City. I hereby authorize any representative of the City of Stockton bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the city of Stockton, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my informed consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the city of Stockton to consider in determining my suitability for employment in that City. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, education and training records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the city of Stockton regardless of any agreement I may have made with you previously to the contrary. The City requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested. For and in consideration of the city of Stockton's acceptance and processing of my application for employment, I agree to hold the City of Stockton, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Stockton. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974 and Minnesota Statute 13.05, sub. 4, Minnesota Data Practices Act, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the city of Stockton in conjunction with employment procedures. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I hereby authorize and grant my informed consent to permit you to release and make photo copies of any Polygraph Reports, Recording Tapes or Written Reports which concern me and is in your possession. This authorization shall be valid for a period of one year from the date of my signature, but I reserve the right to, at any time prior to that expiration, cancel this written authorization by providing written notice to the City or to you of that fact. I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

You are hereby authorized to treat a photocopy of this document when accompanied by a cover letter from the City of Stockton as you would an original of this release form.

Full Name \_\_\_\_\_

Current Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_

Birthdate: \_\_\_\_\_ S S # \_\_\_\_\_ D L # \_\_\_\_\_

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

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