

Date Received	Application for Employment OWATONNA PUBLIC UTILITIES 208 S. Walnut Ave. Owatonna, MN 55060 (507) 451-2480	<i>Office Use Only</i> Interview:
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1. Title of specific position for which you are applying	2. Date of application	3. Date available for work
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4. Last Name	First Name	Middle Name	5. Social Security number
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6. Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No, If no state date of birth:	7. Residence Phone	8. Business Phone	9. County
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10. Street Address	11. City	12. State and Zip Code
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13. Do you have any relatives working for OPU? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship	Department
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14. Employment condition desired: (check one) <input type="checkbox"/> Regular <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time	15. Have you previously been employed by OPU? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date position
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16. If position involves driving, please indicate driver's license number.	
State	Class

17. Education. Did you graduate from high school or receive a GED <input type="checkbox"/> Yes <input type="checkbox"/> No School attended	
How many years of education have you had? (Check one)	
<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20	

Names and locations of colleges, universities, technical schools	Did you graduate?	Certificate/Degree	Course of Study
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

18. Employment history. Experience and training ratings are determined by this information – please be complete. List your present and most recent experience first. Attach additional sheets if necessary.

Employment Firm Address Phone Number Your Title Number and type of positions you supervised <div style="text-align: center;">Principal Responsibilities – Be Complete</div>	Length of Employment From (indicate month and year): To (indicate month and year): Total (in months and years): Hours per week Reason for leaving May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain
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<p>Employment Firm Address Phone Number Your Title Number and type of positions you supervised</p> <p style="text-align: right;">Supervisor Supervisor's Title</p> <p style="text-align: center;">Principal Responsibilities – Be Complete</p>	<p>Length of Employment From (indicate month and year):</p> <p>To (indicate month and year):</p> <p>Total (in months and years):</p> <p>Hours per week</p> <p>Reason for leaving</p>
<p>Employment Firm Address Phone Number Your Title Number and type of positions you supervised</p> <p style="text-align: right;">Supervisor Supervisor's Title</p> <p style="text-align: center;">Principal Responsibilities – Be Complete</p>	<p>Length of Employment From (indicate month and year):</p> <p>To (indicate month and year):</p> <p>Total (in months and years):</p> <p>Hours per week</p> <p>Reason for leaving</p>
<p>Employment Firm Address Phone Number Your Title Number and type of positions you supervised</p> <p style="text-align: right;">Supervisor Supervisor's Title</p> <p style="text-align: center;">Principal Responsibilities – Be Complete</p>	<p>Length of Employment From (indicate month and year):</p> <p>To (indicate month and year):</p> <p>Total (in months and years):</p> <p>Hours per week</p> <p>Reason for leaving</p>
<p>Employment Firm Address Phone Number Your Title Number and type of positions you supervised</p> <p style="text-align: right;">Supervisor Supervisor's Title</p> <p style="text-align: center;">Principal Responsibilities – Be Complete</p>	<p>Length of Employment From (indicate month and year):</p> <p>To (indicate month and year):</p> <p>Total (in months and years):</p> <p>Hours per week</p> <p>Reason for leaving</p>

19. Relevant current professional memberships, registrations, or licenses. Include date when first issued.

20. Job Relevant Volunteer and Unpaid Work Experience

Kind of Volunteer Activity	Major Responsibilities	# Hours per Month	Years	
			From	To

21. Describe any additional experience or training that qualifies you for this job.

22. TECHNOLOGY/COMPUTERS: Computer Experience:
 Number of Years List software proficient in (i.e. Microsoft Office Word, Excel, Outlook, etc.)

23. In accordance with the Immigration Reform and Control Act of 1986, the Owatonna Public Utilities hires only U.S. citizens and lawfully authorized Alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

24. Minn. Stat. Sec. 518.611, Subd. 8, requires employers to obtain information from all new employees regarding court ordered child support obligations that are required by law to be withheld from income. If hired, you will be required to provide such documentation. Failure to provide said documentation will result in dismissal.

25. Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? No Yes
 If yes, are you a permanent resident of the State of Minnesota? No Yes

Describe your duties and any special training:

26. If you are hired for this position, you may be required to undergo a physical examination at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for you.

27. Give the name of four people, other than relatives, who can be contacted regarding your qualifications, work habits and character.

NAME	PRESENT ADDRESS	TELEPHONE	POSITION AND RELATION TO YOUR WORK

The Owatonna Public Utilities does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its programs or activities. It is the policy of the Owatonna Public Utilities to provide reasonable accommodations to the known physical and mental limitations of qualified disability applicants and employees in order for them to perform the essential functions of the job in question.

THE OWATONNA PUBLIC UTILITIES IS AN EQUAL OPPORTUNITY EMPLOYER

SIGNATURE

The OPU has the right to verify information provided in the application. I may be discharged if there are any misrepresentations on this application or my resume or made by me in an interview which may be discovered now or anytime in the future. False information or misrepresentation may also subject me to the penalty provides of M.S. § 43A.39.

In connection with this application for employment. I authorize the Owatonna Public Utilities, and any agent acting on its behalf, to conduct an inquiry into any job-related information obtained in this application. Including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the Owatonna Public Utilities, and any agent acting on its behalf, from any and all liability of whatsoever nature by reason of requesting such information for any reason.

I understand that the granting of an interview is not intended to create an employment contract between the Owatonna Public Utilities and myself. If an employment relationship is established, I understand that I have the right to terminate employment at anytime, for any reason, or no reason, and the Owatonna Public Utilities retains the same right regarding the discontinuation of my employment. The OPU policies and procedures including that my employment shall be At-Will shall not be modified in any way without the express written intent to do so signed by the General Manager of the Owatonna Public Utilities.

Yes Yes, but not present employer until job is offered No, (We may be unable to hire you without this information)

I have read the entire application and I understand the information above and below.

DATE: _____ Signature (do not print) _____

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd. 2). If you become employed by OPU, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the Human Resources Manager by letter.

Private Data	Why We Ask For It	Are you Legally Obligated to Provide it?	What May Happen if You Don't Provide It
Social Security Number	To distinguish you from all other applicants and to make processing more efficient	No	In most cases, nothing. However, it will help to ensure that your records are accurate
Name	To distinguish you from all other applicants	Yes	Failure to provide information may be cause for rejecting an application.
Date of Birth (when requested on a separate form)	To conduct a check of criminal records for certain positions.	No	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic Group, Disability Status, Veteran Status (this information is requested on a separate form)	To be able to make Equal Opportunity reports as required by law.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.

ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC. THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE