

# Truman Public Utilities

## APPLICATION FOR EMPLOYMENT

202 W. Ciro St P.O. Box 397  
Truman, MN 56088  
PH: 507-776-6501 FX: 507-776-7750

### Personal Information

Full Name \_\_\_\_\_  
(Last) (First) (Middle) (Social Security Number)

Present Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

### Employment Desired

Position \_\_\_\_\_ Date you can start \_\_\_\_\_

Salary desired \_\_\_\_\_

Have you applied to Truman Public Utilities before? \_\_\_\_\_

If yes, when and what job did you apply for? \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

### Education

School Level	Name & Location	Degrees Received	# of years attended	Did you Graduate?
High School				
College				
Graduate School				
Trade, Business, Correspondence				

## Former Employers

Below, list your most recent employer first. List complete employment history. Do not provide dates of employment for jobs held more than 5 years ago.

1. Name of employer \_\_\_\_\_  
\_\_\_\_\_  
(Address of employer) (\_\_\_\_\_)\_\_\_\_\_  
(Phone Number)  
Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Weekly Starting Salary \_\_\_\_\_ Weekly Ending Salary \_\_\_\_\_  
Description of work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## Former Employers

Below, list your most recent employer first. List complete employment history. Do not provide dates of employment for jobs held more than 5 years ago.

2. Name of employer \_\_\_\_\_  
\_\_\_\_\_  
(Address of employer) (\_\_\_\_\_)\_\_\_\_\_  
(Phone Number)  
Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Weekly Starting Salary \_\_\_\_\_ Weekly Ending Salary \_\_\_\_\_  
Description of work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## Former Employers

Below, list your most recent employer first. List complete employment history. Do not provide dates of employment for jobs held more than 5 years ago.

3. Name of employer \_\_\_\_\_  
\_\_\_\_\_  
(Address of employer) (\_\_\_\_\_) (Phone Number)

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Weekly Starting Salary \_\_\_\_\_ Weekly Ending Salary \_\_\_\_\_

Description of work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

## Former Employers

Below, list your most recent employer first. List complete employment history. Do not provide dates of employment for jobs held more than 5 years ago.

4. Name of employer \_\_\_\_\_  
\_\_\_\_\_  
(Address of employer) (\_\_\_\_\_) (Phone Number)

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Weekly Starting Salary \_\_\_\_\_ Weekly Ending Salary \_\_\_\_\_

Description of work \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

## References

List at least three persons, not related to you, whom you have known for at least one year. Include at least one co-worker.

Name	Address	Business
1.		
2.		
3.		
4.		

## Authorization

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

I understand that if I am hired, my employment may be terminated at any time and for any lawful reason by the Truman Public Utilities.

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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of applicant)



TENNESSEN WARNING/WAIVER OF CLAIMS

As an applicant for employment with the Truman Public Utilities, I voluntarily supplied data about myself, which may be public and/or private in nature.

I understand that, as part of the selection process, I am requested to supply this information. I understand that failure to provide accurate and adequate data may disqualify me from further consideration.

I understand that, even if I am hired for this position, I may be subject to dismissal or other disciplinary action if I have made an intentional effort to provide deceptive or misleading information.

I understand that this data will be kept on file for a period of one year, even if I am not hired for this position. I understand that, if I am hired, this information will remain on file with the Truman Public Utilities.

I further understand that this information will be used by the Truman Public Utilities to aid in the determination of my relative and/or specific suitability for employment.

Finally, I understand that the data, which I have provided, may be shared in whole, or in part, by other agencies, by other private and public entities, and by other persons, for the purpose of conducting a background investigation.

I, therefore, waive my right to any claim or cause of action and hereby agree to hold harmless the Truman Public Utilities and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

Signed: \_\_\_\_\_ (Date)  
(Full name of applicant)

Printed: \_\_\_\_\_  
(Full name of applicant)

Drivers License Number: \_\_\_\_\_ (Applicant)

Witness: \_\_\_\_\_ (Date)  
(Signature)

BACKGROUND CHECK AUTHORIZATION AND RELEASE

I understand that the Truman Public Utilities (hereinafter referred to as the PUC) will investigate my background prior to deciding whether to offer me a position with the PUC. In order to assist the PUC in its background check, I hereby authorize the PUC to fully investigate the statements and representations I have made in this application. I completely release and waive all claims and rights I may have against the PUC as a result of its investigation into my background. I also authorize the following release of information.

1. I authorize all of my previous employers to provide the PUC with all documents and information which requests pertaining to my employment and my separation from employment. I specifically release and waive any and all claims (including claims for defamation, libel, and slander) that I may have against any former employer as a result of that employer's compliance with the PUC's request for information.
2. I authorize any state, which has issued a driver's license to me at any time to provide the PUC with information in the state's possession concerning my driving record, including but not limited to information concerning tickets, suspensions, revocations and fines. I release and waive any and all claims that I may have against such states as a result of their compliance with the PUC's request for information.
3. I authorize all schools, colleges, universities and other educational institutions I have attended to provide the PUC with all information in the institution's possession concerning me, including, but not limited to, the dates of my attendance, any degrees earned by me, courses taken by me, my grade point average and any disciplinary records. I specifically release and waive any institution as a result of their compliance with the PUC's request for information.
4. I authorize all people and organizations mentioned in my employment application to release to the PUC any information it seeks in connection with its consideration of my application for employment. I release and waive any and all claims I may have against such people and organizations as a result of their compliance with the PUC's request for information.
5. I authorize the PUC to investigate my character, reputation, personal characteristics and mode of living, in compliance with the Fair Credit Reporting Act. I understand that, within a reasonable period of time, I may make a written request for a summary of the investigation.

I authorize the use of photocopies of this Background Check Authorization and Release, and request that the photocopies be accepted on the same basis as the original.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of applicant)