



City of Edina, Minnesota
DEPARTMENT OF ADMINISTRATION
 4801 West 50th Street • Edina, Minnesota 55424-1394
 (952) 927-8861 • Fax (952) 826-0390 • TTY (952) 826-0379

DATE RECEIVED
OFFICE USE ONLY

SEASONAL EMPLOYMENT APPLICATION

(One application needed for each position)

We welcome you as an applicant for employment with the City of Edina. Complete the application in its entirety – remember to sign the back page. Write legibly. Be specific for work preference. Do not write "any job" – we will not know where to forward the application.

Which position are you applying for (be specific): _____

Name: _____ Do you have a SS #? Yes No

Permanent Address: _____ City: _____ Zip: _____

Home Phone: _____ Daytime/Cell Phone: _____

E-mail: _____ Valid Driver's License Number: _____ Class: _____ State: _____

Previously employed by the City? Yes No If yes, what position? _____

Are you 18 years or older? Yes No If no, date of birth: _____

List special skills you have: _____

Education

Circle Highest Grade Completed:	Jr/Middle School				High School				College				Other
	6	7	8	9	9	10	11	12	13	14	15	16	_____
Name of Current School: _____													
Relevant Coursework: _____													

Employment History

Name and Address of Employer: _____
Position Held: _____ Last wage/salary received: _____
Primary Responsibilities: _____
Dates Employed: _____ to _____ Reason for Leaving: _____
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor _____ Phone (____) _____

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Position Held: _____ Last wage/salary received: _____
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May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor _____ Phone (____) _____

Volunteer or Community Activities

Organization	Activity	Phone#

Availability

Dates Available for Employment: Start _____ Finish _____

Willing to Work Weekends? Yes No. Willing to Work Both Days and Evenings? Yes No

Work Availability: 10-20 Hours 20-40 Hours 40-50 Hours

Able to Work Before/After Established Dates? Yes No If Yes, When? _____

Do You Plan to Have More than One Summer Job or Internship? Yes No If Yes, Please Describe _____

Do You Participate in High School Sports? Yes No What Sport? _____

Date School Starts (If Applicable) _____ School _____

Do You Need Specific Times Off During Your Employment? Yes No If Yes, Please List Dates _____

General Information

Have You Ever Been Convicted of a Crime for Which a Jail Sentence of More Than 90 Days Could Have Been Imposed?
 Yes No

Are You Subject to a Child Support or Spousal Maintenance Order? Yes No If Yes, Are You Subject to Withholding for Child Support or Spousal Maintenance? Yes No

TENNESEN WARNING, The purpose and intended use of the information requested on the application is to assist in determining your eligibility and suitability for the position for which you are applying. You may legally refuse to give the information. If you give the information, that information, or further investigation based on it, could cause your application to be denied. If you refuse to give the information, your application for employment may not be considered. Other persons or entities authorized to receive the information you supply are: Staff of Edina Police Department, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota, Drivers License Section, Hennepin County Auditor, and other governmental agencies necessary to process your application.

Applicant's Signature _____ Date _____

The City of Edina's policy and intent is to provide equality of opportunity in employment to all persons. This policy prohibits discrimination because of race, color, religion, national origin, political affiliation, disability, marital status, sex, age (except when sex or age is a bona fide occupational qualification) or sexual orientation.

THE CITY OF EDINA IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER