

APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by the City of Freeport that such employment with the City of Freeport is at will, for no specified duration and may be terminated by either the City of Freeport or myself at any time, with or without cause. I understand that none of the documents, policies, procedures, actions, statements of the City of Freeport or its representatives used during the employment process is deemed a contract of employment, real or implied. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Freeport. In consideration for employment with the City of Freeport, if employed, I agree to conform to the rules, regulations, policies and procedures of the City of Freeport at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with the City of Freeport, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize and all schools, former employers, references, courts and any others who have information about me to provide such information to the City of Freeport and/or its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Kali Pohlmann

06/19/18

Signature

Date

THE CITY OF FREEPORT IS AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

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)

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 #	To distinguish you from other applicants and to make processing more efficient	No	Nothing. However, it will help to ensure that your records are not confused with others
Name	To distinguish you from all other applicants	Yes	Failure to provide information may be cause for rejecting an application