

SYLVAN TOWNSHIP APPLICATION

12596 24th Avenue SW Pillager, MN 56473

218-746-3652 (Phone) | clerk@sylvantwp.com (Email)

Please Print:

Applicant's Name (First, M.I., Last) _____

Address _____

City _____

State _____ Zip Code _____

Occupation (Current or Past) _____

I hereby apply for a position at Sylvan Town Hall as _____

Education: _____

Previous Employment:

Please list two (2) personal references:

Name _____

Occupation _____

Name _____

Occupation _____

Personal Information *(This information will not be public)*

Telephone No. (Include area code) _____

Drivers License No. _____

BACKGROUND CHECK APPROVAL:

(The Sylvan Board of Supervisors will initiate a criminal background check on any applicant who is being considered for employment at the Town Hall. By signing this application, you are giving the Sylvan Town Board of Supervisors permission to do a criminal background check on you.)

The following named individual has made application with this agency for employment.

Last Name of Applicant (please print): _____

First Name of Applicant (please print): _____

Middle of Applicant (full)(please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex (M or F):** _____
Month/Day/Year

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to SYLVAN TOWNSHIP for the purpose of employment with this agency.

The expiration of this authorization shall be one year from the date of my signature.

I have read and understand the above statement and willfully provide the information requested.

Signature of Applicant _____ **Date** _____

Notary:

Signature of Notary _____ Date _____

Please send completed application to:

*Sylvan Township - Attn. HR
12956 24th Avenue SW Pillager MN 56473*

Or Email: clerk@sylvantwp.com