



CITY OF LEXINGTON
9180 Lexington Ave
Lexington, MN 55014
763-784-2792

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status under Minnesota or federal law.

PLEASE PRINT

Last Name	First Name	Middle Name
Address	City	State
Zip Code		
Telephone Number(s)		

Position applying for -----

If you are under 18 years of age, can you provide proof of you eligibility to work? ----- Yes No

Have you ever filed an application with us before? ----- Yes No
 If Yes, give date _____

Have you ever been employed with us before? ----- Yes No
 If Yes, give date _____

Are you currently employed? ----- Yes No

May we contact your present employer? ----- Yes No

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? ----- Yes No
 Proof of citizenship or immigration status will be required upon employment. -----

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? ----- Yes No

Can you travel if a job requires it?----- Yes No

EDUCATION

Last Grade Completed (Circle) 8 9 10 11 12 GED

High School _____

Undergraduate College _____

Course of Study _____

Degree _____

Graduate Professional _____

Course of Study _____

Degree _____

Describe any specialized training, apprenticeships, skills and other training activities.

Valid Drivers License - Number _____

Valid Class B CDL – Number _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicates race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer	<u>Dates Employed</u> From To
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Address

Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting Final
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Job Title	Supervisor	Reason for Leaving
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Work Performed

2.

Employer	<u>Dates Employed</u> From To
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Address

Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting Final
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Job Title	Supervisor	Reason for Leaving
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Work Performed

3.

Employer	<u>Dates Employed</u> From To
----------	---

Address

Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting Final
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Job Title	Supervisor	Reason for Leaving
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Work Performed

4.

Employer	<u>Dates Employed</u> From To
----------	---

Address

Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting Final
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Job Title	Supervisor	Reason for Leaving
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Work Performed

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership, which would reveal gender, race religion, national origin, age, ancestry, disability or other protected status:

APPLICANT STATEMENTS

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of and "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood 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 this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

By _____
Name and Title

Date

Notes _____

