



9180 Lexington Avenue
Lexington, MN 55014

Phone: (763) 784-2792
Fax: (763) 785-8951

www.ci.lexington.mn.us

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
_____	_____	_____	_____
Phone	Email		

Position Applying For

If you are under 18 years of age, can you provide proof of your 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 to start work? _____

When are you available to work : MON TUE WED THUR FRI SAT SUN

Check all that apply

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 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/State _____

Valid Class B CDL – Number/State _____

EMPLOYMENT EXPERIENCE

Start with your current 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.

Employer _____ From _____ To _____

Address _____

Phone Number _____ Email _____

Job Title _____ Supervisor _____

Reason for Leaving _____

Duties Performed _____

Employer _____ From _____ To _____

Address _____

Phone Number _____ Email _____

Job Title _____ Supervisor _____

Reason for Leaving _____

Duties Performed _____

Employer _____ From _____ To _____

Address _____

Phone Number _____ Email _____

Job Title _____ Supervisor _____

Reason for Leaving _____

Duties Performed _____

Employer _____ From _____ To _____

Address _____

Phone Number _____ Email _____

Job Title _____ Supervisor _____

Reason for Leaving _____

Duties Performed _____

Employer _____ From _____ To _____

Address _____

Phone Number _____ Email _____

Job Title _____ Supervisor _____

Reason for Leaving _____

Duties 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*

References :

Please list 3 references - Business (Preferred) and/or Personal

Name: _____

Relationship: _____ How Long Know: _____

Phone Number H# _____ C# _____

Email: _____

Address: _____

Name: _____

Relationship: _____ How Long Know: _____

Phone Number H# _____ C# _____

Email: _____

Address: _____

Name: _____

Relationship: _____ How Long Know: _____

Phone Number H# _____ C# _____

Email: _____

Address: _____

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 _____

