

CITY OF KIMBALL

EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

| | | |
|----------|--|--|
| PERSONAL | Last Name, First, Middle | Date |
| | Street Address | Home Phone |
| | City, State, Zip | Business Phone |
| | Have you ever applied for employment with us? Yes No If yes: Month and Year _____ Location _____ | Social Security No. |
| | Position Desired | Pay Expected |
| | Apart from absence for religious observances, are you available for full-time work? Yes No If not, what hours can you work? _____ | Will you work overtime if asked? Yes No |
| | Are you legally eligible for employment in the United States? | When you be available to begin work? |
| | Other special training or skills (languages, machine operation, etc.) | |
| | How did you learn of our organization? | |

| | | | | | | |
|-----------|------------|-----------------------------|-----------------|------------------------|-------------------|-------------------|
| EDUCATION | School | Name and Location of School | Course of Study | No. of Years Completed | Did you Graduate? | Degree or Diploma |
| | College | | | | Yes No | |
| | High | | | | Yes No | |
| | Elementary | | | | Yes No | |
| | Other | | | | Yes No | |

| | | |
|-----------|---|-------------------------------|
| SIGNATURE | <p>The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p> <p>If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.</p> | |
| | <p>_____</p> <p>Date</p> | <p>_____</p> <p>Signature</p> |

Please mail application to: City of Kimball, P. O. Box 238, Kimball, MN 55353

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

| | | |
|----------|--|---|
| 1 | Company Name | Telephone |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |
| | | |

| | | |
|----------|--|---|
| 2 | Company Name | Telephone |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |
| | | |

| | | |
|----------|--|---|
| 3 | Company Name | Telephone |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |
| | | |

| | | |
|----------|--|---|
| 4 | Company Name | Telephone |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |
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| | | |
|-----------------------|---------|--|
| DO NOT CONTACT | | We may contact the employers listed above unless you indicate those you do not want us to contact. |
| Employer Number(s): | Reason: | |