

City of Holdingford

Application for Employment

Phone 320-746-2966
Fax 320-746-3297

PO Box 69
Holdingford, MN 56340

www.holdingfordmn.us
Email: Clerk@holdingfordmn.us



Demographic Information

Last Name

First Name

Middle Name

Address

Home Phone

City

State

Zip

Cell Phone

Position Applying for:

Employment Desired: ☐ Full Time ☐ Part Time

Salary/Hourly Wage Desired:

Date Available to Start Work:

Days/Hours Available to Work:

Educational History

Elementary School

Name and City

Years Completed

High School

Name and City

Years Completed

Technical / College

Name and City

Years Completed

Personal Information

Are you legally eligible for employment in this country? ☐ Yes ☐ No

*Answering yes to this question does not constitute an automatic rejection for employment.

Driver's License Number:

State Issued:

Military Experience

Military Status: _____

Dates of Service: _____

Branch: _____

Work/Related Experience

Please list experience with office machines, software, and other related experience:

Employment History

Include U.S. military services and any periods of unemployment. Give complete names and address. If self-employed give firm name and one business reference.

Employed From/To	(Give most recent employer first) Employers Name and Address	Name of Last Supervisor and Phone #	Describe your Duties/Responsibilities	Wage Rate	Reason for Leaving

May we contact your present employer at this time? ☐ Yes ☐ No

List any additional certifications, experiences or special skills that would qualify you for this position:

AFFIDAVIT: I agree that the City of Holdingford shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools or persons from liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without prior notice. I agree to abide by City of Holdingford policies and rules. I understand that no representative other than the City Council has the authority to enter into any agreement for employment or to make any agreement contrary to the foregoing. I also understand any such agreement must be in writing.

Signature: _____

Date _____