

# 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

Email

City

State

Zip

Cell Phone

## Position Applying for:

Employment Desired:  Full-Time  Part-Time

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:

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Dates of Service:

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Branch:

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**Work/Related Experience**

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

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**Employment History**

Include U.S. military services and any periods of unemployment. Give complete names and addresses. 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	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:

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**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 the 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