



# APPLICATION FOR EMPLOYMENT

**CITY OF ALBERTVILLE**  
5975 Main Ave., P.O. Box 9  
Albertville, MN 55301  
763-497-3384 Fax: 763-497-3210

**PERSONAL INFORMATION**

Date \_\_\_\_\_

\_\_\_\_\_  
Name (Last) (First)

\_\_\_\_\_  
Present Address Street City State Zip

\_\_\_\_\_  
Permanent Address Street City State Zip

Phone No.: \_\_\_\_\_ Are you 18 years or older?  Yes  No

Are you legally eligible to work in the United States in the position for which you are applying?  Yes  No  
(Proof of citizenship or work eligibility will be required as a condition of employment.)

**EMPLOYMENT DESIRED**

\_\_\_\_\_  
Position Date Available Salary Desired

Are you currently employed?  Yes  No May we contact your present employer?  Yes  No

Have you ever applied here before?  Yes  No When? \_\_\_\_\_

Referred by: \_\_\_\_\_

EDUCATION	Name and Location of School	No. of years attended	Did you Graduate?	Subjects Studied
Grammar School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____			
High School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____			
College	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____			
	_____			
Trade, Business or Correspondence School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____			
	_____			

**GENERAL INFORMATION**

Subjects of special study or research work			
Special Skills			
Activities: (Civic, Athletic, Etc.) Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its message.			
U.S. Military or Naval Service		Present membership in National Guard or Reserves	
Rank			

<b>FORMER EMPLOYERS</b> (List below the last three employers, starting with the most recent one first.)				
Date: month & year	Name and Address of Employer	Salary	Position held	Reason for leaving
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business (Phone No.)	Years Acquainted

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you."

"I understand that employment with the City of Albertville is "at-will" and either the City of Albertville or I may terminate that employment at any time, with or without notice."

Signature (Do Not Print) \_\_\_\_\_ Date \_\_\_\_\_

This employer is an EQUAL OPPORTUNITY EMPLOYER/CONTRACTOR and encourages applications from women, minorities and disabled persons. The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.