



4901 Manitou Road
 Tonka Bay MN 55331
 952-474-7994
www.cityoftonkabay.net

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

PERSONAL INFORMATION			
Today's Date:		Soc. Sec. No.:	
Name:			
	Last	First	Middle
Present Address:			
	Street	City	State Zip
Permanent Address (if different from above):			
	Street	City	State Zip
Referred by:		Phone Number:	
Name of relative ever employed by City & position held:			

EMPLOYMENT DESIRED			
Position applying for:		Desired Start Date:	Desired Salary:
Current Employer		May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number:
Ever applied here before?		When:	

EDUCATION				
	Name and Location of Institution	Years Completed	Did you Graduate?	Degree(s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
Graduate School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
Trade, Business, Correspondence		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

Subjects of Special Study or Research Work:

FORMER EMPLOYERS (List below last four employers starting with the most recent.)				
Name/ Address of Employer	Salary	Position Held	Dates of Employment	Reason for Leaving
			From:	
			To:	
			From:	
			To:	
			From:	
			To:	

REFERENCES (Three persons not related to you whom you have known at least one year.)				
Name	Address	Email	Phone	Relationship

APPLICANT'S STATEMENT

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 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 an "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 discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Applicant Signature: _____

Date: _____

Updated June 2017