

CITY OF WINONA

EMPLOYMENT APPLICATION (THE CITY OF WINONA IS AN EQUAL OPPORTUNITY EMPLOYER)

APPLICANT INFORMATION

Full Name _____ Date _____
Last First M.I.

Address _____
Street Address Apartment Unit #

Phone # _____ Email _____
City State Zip Code

Date Available _____ Social Security # _____

Desired Salary: _____ Are you over 18 Y_____ N_____

Position Applied For _____

Are you a Citizen of the United States? Y_____ N_____

If no, are you authorized to work in the U.S. Y_____ N_____

Have you ever worked for this company before? Y_____ N_____

If yes, When? _____

Have you ever been convicted of a felony? Y_____ N_____

If yes, explain: _____

EDUCATION

High School: _____ Address: _____

From _____ To _____ Did you Graduate? Y_____ N_____

Degree: _____

College: _____ Address: _____

From _____ To _____ Did you Graduate? Y_____ N_____

Degree: _____

Other _____ Address: _____

From _____ To _____ Did you Graduate? Y_____ N_____

Degree: _____

REFERENCES

Please list three Professional References

Full Name: _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name: _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name: _____ Relationship _____

Company _____ Phone _____

Address _____

PREVIOUS EMPLOYMENT

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? Y _____ N _____

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? Y _____ N _____

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? Y _____ N _____

MILITARY SERVICE

Branch _____ From _____ To _____

Rank At Discharge: _____ Type of Discharge: _____

If other than Honorable, explain: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I agree to conform to the City's policies and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my option or the City's. I also understand and agree that the terms or conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the city. I further understand that and authorize a background investigation as a condition of employment and will submit to testing for illegal drugs, if requested.

Signature: _____ Date: _____