



# CITY OF MINDEN

## Employment Application

Phone: (308)-832-1820

### APPLICANT INFORMATION

Last Name				First				M.I.	Date			
Street Address								Apartment/Unit #				
City				State				ZIP				
Phone				E-mail Address								
Date Available				Social Security No.				Desired Salary				
Position Applied for								If under the age of 19, please provide DOB.				
Are you a citizen of the United States?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?							

### EDUCATION

High School				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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											

The City of Minden is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin or disability and the position is subject to a veterans preference.



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### PEVIOUS 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?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
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?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
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?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

### MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

### DISCLAIMER, EMPLOYMENT AT WILL 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 understand that neither this application nor any communication by a management representative is intended to create or does create a contract of employment, offer, or promise of employment. I acknowledge that if hired by the city, employment is on an at-will basis. This means the city is free to terminate my employment at any time, with or without cause or advance notice, in accordance with state law, and acceptance of employment is not a contract of employment for any specified time. Similarly, I am free to terminate my employment with the city at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by an authorized representative of the city, and I understand that the city has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.

Signature

Date

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