

City of Leonidas

201 1st Street North, Eveleth, Minnesota, 55734
(218) 744-1574
cityofleonidas@mchsi.com

Employment / Job Application

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE: _____

DATE AVAILABLE: _____

DESIRED PAY: \$ _____ HOUR SALARY

POSITION APPLIED FOR: Maintenance

EMPLOYMENT ELIGIBILITY

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO

DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO

DEGREE: _____

EMPLOYMENT HISTORY

EMPLOYER #1: _____
E-MAIL: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
STARTING PAY: \$ _____ HOUR SALARY
ENDING PAY: \$ _____ HOUR SALARY
JOB TITLE: _____
RESPONSIBILITIES:

STARTING DATE: _____ ENDING DATE: _____
REASON FOR LEAVING: _____

EMPLOYER #2: _____
E-MAIL: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
STARTING PAY: \$ _____ HOUR SALARY
ENDING PAY: \$ _____ HOUR SALARY
JOB TITLE: _____
RESPONSIBILITIES:

STARTING DATE: _____ ENDING DATE: _____
REASON FOR LEAVING: _____

EMPLOYER #3: _____
E-MAIL: _____ PHONE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
STARTING PAY: \$ _____ HOUR SALARY
ENDING PAY: \$ _____ HOUR SALARY
JOB TITLE: _____
RESPONSIBILITIES:

STARTING DATE: _____ ENDING DATE: _____
REASON FOR LEAVING: _____

REFERENCES

REFERENCE #1: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

REFERENCE #2: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

REFERENCE #3: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE: _____

PRINT NAME _____