



City of Virginia  
 Department of Public Utilities  
 P.O. Box 1048 • Virginia, MN 55792

## APPLICATION FOR EMPLOYMENT

This form has been designed to comply with federal and state fair employment practice laws prohibiting discrimination. This department is an Equal Opportunity Employer.

Applications will be kept active for six months. Please notify our Department of any changes occurring during that time. After six months, a revised or new application with resume should be submitted for future consideration.

**INSTRUCTIONS TO APPLICANT:**

Please use ink and fill out this form completely. A copy of your most recent resume must be attached. All information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_

Position desired: \_\_\_\_\_  
 Other positions for which you feel you may be qualified: \_\_\_\_\_  
 When available for employment: \_\_\_\_\_ Starting salary desired: \_\_\_\_\_  
 Would you accept part-time employment? \_\_\_\_\_ or temporary employment: \_\_\_\_\_  
 Have you ever applied to this utility before? \_\_\_\_\_ When? \_\_\_\_\_  
 List licenses or certificates held (include driver's license and class) \_\_\_\_\_  
 \_\_\_\_\_

Describe special skills and knowledge relating to the position for which you are applying. Include technical skills, special training, participation in profession societies, civic, community and school organizations (including positions held), as well as hobbies and/or outside interests:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

	Name and Address of School	Course of Study	Completed		Diploma Degree
			Yes	No	
Elementary School					
High School					
College					

# EXPERIENCE

- List work history beginning with most recent experience first.
- For positions held more than five years ago, list only length of service, titles, and date of title changes.
- Are you a veteran of active military service? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If answered "Yes" you will be required to provide proof of military service (DD 214) or similar release from active duty document at time of interview.

If more space is needed, use an additional sheet of paper and attach to this form. Please be sure an up-to-date copy of your resume is attached. Do not write "See Resume" in the employment history space. References need not be attached at this time, they will be requested should an interview be scheduled.

Name of Employer	Type of Business
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Street Address, City, State, Zip Code	Phone
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Dates Employed From _____ To _____	Starting Title	Last Title
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Name of Supervisor	May we contact now? No <input type="checkbox"/> Yes <input type="checkbox"/>	Reasons for leaving
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Complete Description of Duties

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Full-time or part-time \_\_\_\_\_ If part-time, average hours per week: \_\_\_\_\_ hours

Name of Employer	Type of Business
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Street Address, City, State, Zip Code	Phone
---------------------------------------	-------

Dates Employed From _____ To _____	Starting Title	Last Title
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Name of Supervisor	May we contact now? No <input type="checkbox"/> Yes <input type="checkbox"/>	Reasons for leaving
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Complete Description of Duties

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Full-time or part-time \_\_\_\_\_ If part-time, average hours per week: \_\_\_\_\_ hours

Name of Employer	Type of Business
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Street Address, City, State, Zip Code	Phone
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Dates Employed From _____ To _____	Starting Title	Last Title
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Name of Supervisor	May we contact now? No <input type="checkbox"/> Yes <input type="checkbox"/>	Reasons for leaving
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Complete Description of Duties

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Full-time or part-time \_\_\_\_\_ If part-time, average hours per week: \_\_\_\_\_ hours

## IMPORTANT: READ BEFORE SIGNING

**"I certify that the information 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 on the attached resume, and release all parties from all liability for any damages that may result."**

Date \_\_\_\_\_ Signature \_\_\_\_\_