



# City of Benson Application for Employment

► SEND RESUME AND COMPLETED APPLICATION TO:  
CITY OF BENSON, 1410 KANSAS AVE. BENSON, MN 56215

**This application is to be printed in your own handwriting.**

Date of Application: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers – Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Educational Background

High School Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

Post High School Education/Training:

School or Program	Address	Date Attended	Degree

Current Licenses or Certificates held that would be applicable to the position for which you are applying:

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

## Work Experience

Current/Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this person? \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Prior Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this person? \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Prior Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this person? \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

<b>Other Information:</b>	<b>Yes</b>	<b>No</b>
Do you have a Social Security number?		
Can you legally accept permanent employment in the United States?		
Are you over the age of 18? If not, state your date of birth: _____		
Are you currently employed?		
Are you available to work full-time?		
Are you available to work part-time?		
Can you travel if your job requires it?		
Is adequate transportation available so you can get to work on time every day?		
Have you ever been bonded on a job?		
Is there any reason why you cannot be at work on time every day? If yes, why? _____		
Are you a Veteran? If yes, please complete attached form.		
On what date would you be available to start? _____		

**Other Training or Experience** – Summarize special job related skills and qualifications:

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**References:**

1) \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
 \_\_\_\_\_ (Complete Mailing Address)

2) \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
 \_\_\_\_\_ (Complete Mailing Address)

3) \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
 \_\_\_\_\_ (Complete Mailing Address)