

# City of Viborg

*Where People Are Partners For Progress!*

PO Box 56

110 N. Main Street

Viborg, SD 57070

605.326.5103

# APPLICATION FOR EMPLOYMENT

The City of Viborg is an equal opportunity employer

## PERSONAL INFORMATION

Name (Last, First, Middle):	Date:	
Social Security Number:		
Home Address:		
City	State:	Zip:
Home Phone:	Business Phone:	
Can you prove your U.S. Citizenship? Circle one:	Yes	No
If not a U.S. Citizen, give Visa No. and Expiration Date:		

Position You Are Applying For:
Title:
Date You Can Start:

## EDUCATION RECORD

High School (Name, City, State):	
Graduation Date:	
Business or Technical School (Name, City, State):	
Dates Attended:	Degree Earned:
Undergraduate College (Name, City, State):	
Dates Attended:	Degree, Major:
Graduate School (Name, City, State):	
Dates Attended:	Degree, Subject:

(please turn to next page)

## WORK HISTORY

(GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

1-Employer:	Dates Employed:	
Address:		
City	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		

2-Employer:	Dates Employed:	
Address:		
City	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		

3-Employer:	Dates Employed:	
Address:		
City	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		

(please turn to next page)

**BUSINESS REFERENCES**  
(IF APPLYING FOR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)

1-Name:	Dates Employed:	
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		

2-Name:	Dates Employed:	
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		

3-Name:	Dates Employed:	
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		

**PLEASE READ AND SIGN**

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_