

CAMBRIDGE TOWNSHIP APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____ SOCIAL SECURITY NUMBER _____

NAME _____
LAST
FIRST
MIDDLE

PRESENT ADDRESS _____
STREET
CITY/STATE
ZIP

PHONE _____ ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?
 YES NO

EMPLOYMENT DESIRED

 POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? YES NO

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

HAVE YOU APPLIED TO THIS COMPANY BEFORE? YES NO

EDUCATION	NAME & LOCATIONS OF SCHOOL	NUMBER OF YEARS ATTENDED	DEGREE/ CERTIFICATE EARNED
HIGH SCHOOL			
COLLEGE			
TRADE BUSINESS/ CORRESPONDENCE SCHOOL			

EMPLOYMENT HISTORY

EMPLOYER NAME AND ADDRESS:

POSITION/TITLE:

DATES OF EMPLOYMENT:

REASON FOR LEAVING:

EMPLOYER NAME AND ADDRESS:

POSITION/TITLE:

DATES OF EMPLOYMENT:

REASON FOR LEAVING:

EMPLOYER NAME AND ADDRESS:

POSITION/TITLE:

DATES OF EMPLOYMENT:

REASON FOR LEAVING:

“I CERTIFY THAT THE FACTS 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 THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE”

DATE: _____ SIGNATURE: _____

AFFIDAVIT: I hereby claim Veterans’ Preference points for this examination and swear/affirm that the information given is true, complete, and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans’ Preference verification documents and submit them to the Cambridge Township Board by the required application deadline.

Signature of Applicant: _____ Date: _____

RETURN APPLICATION TO:
CAMBRIDGE TOWNSHIP CLERK
3568 337TH AVE NE
CAMBRIDGE, MN. 55008
(763) 689-4019
www.cambridgetownship.us
E-MAIL: townhall@cambridgetownship.us