City of Wood Lake

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Fax: 507-485-2193

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Employment Application

		Applican	t Inform	ation						
Full Name:					Date:					
i un i iaine.	Last	First			M.I.					
Address:										
Address.	Street Address					Apartme	nt/Unit #			
	City	1000 page 1014 page 1000			State	ZIP Code	9			
	50									
Phone:			Email_							
Date Available: Social Security No.:_				Desired Salary:						
Position App	olied for:									
		YES NO	15	YES If no, are you authorized to work in the U.S.?						
Are you a ci	tizen of the United States?		IT no, a	are you	ork in the 0.5.?					
Have you ev	ver worked for this company	If yes,	when?_							
Are you employed now? YES NO			If ves.	mav we	contact your e	mployer?	YES	NO		
rac you city	oloyed flow.		, , , , , , , , , , , , , , , , , , ,		•	500 m 1 1956-0-2				
Are you 18 y	years or older									
rac you to	y care or order	YES NO								
		ĒĠ	ucation					Orbite and Artificial Control		
High School: Address:										
			YES	NO						
From:	To:	Did you gradua	te? □		Diploma:	Total Marie Control of the Control o				
College:		Addre	ess:				200			
		*	YES	NO						
From:	To:	Did you gradua	te?		Degree:					
Other:		Addre	ess:							
			YES	NO						
From:	To:	Did you gradua	te? □		Degree:					
		Ra	ferences				- William - War	· · · · · · · · · · · · · · · · · · ·		

Full Name:				Relationship:			
_				Phone:			
741 12 12					-		
Full Name:		Relationship:					
			Phone:				
Address:					- control		
	Relationship:						
0		Phone:					
Address:							
	Previous E	mployme	ent				
Company:				Phone:			
A dalan		Supervisor:					
Job Title:	Starting S	alary:\$		Ending Salary:\$			
From:	Tax						
		YES	NO	*1			
May we contact your pre	evious supervisor for a reference?						
Company:				Phone:			
A.1.1				Cunanicar			
Job Title:	Starting S	alary:\$		Ending Salary:\$			
Poenoneihilitiee:							
	To:						
From:	To:				- Walter		
	evious supervisor for a reference?	YES	NO		ess (12 oct 0 oct 10 oc		
Company:				Phone:			
	Starting S		-				
Responsibilities:							
From:							
Management	evious supervisor for a reference?	YES	NO				

Please list three professional references.

Branch: _____ From: ____ To:______ Rank at Discharge: _____ Type of Discharge: ______ If other than honorable, explain: ______ Disclaimer and Signature I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

This institution is an equal opportunity provider and employer.