



APPLICATION FOR EMPLOYMENT

RETURN TO: CITY OF ST. CLOUD HUMAN RESOURCES 400 2 ND ST. SO. ST. CLOUD, MN 56301	PHONE: (320) 255-7217 HR FAX: (320) 255-7261 WEBSITE: www.ci.stcloud.mn.us EMAIL: hr@ci.stcloud.mn.us	OFFICE USE ONLY
DATE RECEIVED:		TIME:

We welcome you as an applicant for employment. Your application will be considered with others. It is our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national origin, disability, public assistance, familial status, marital status, sex, age (18 and over), sexual orientation or criminal convictions which are not related to the position you are applying for. This policy applies to all full, part-time, temporary and seasonal employment.

ADA: If you require assistance in the application or selection process, please contact the Human Resources Employment Office. Reasonable accommodations may be made to enable individuals with a disability to participate in applications and testing.

VETERANS PREFERENCE: If you are claiming status as a Veteran, you will be required to bring proof (DD-214) to any testing procedures you may be scheduled for. To expedite that process, you may submit copies of your documents with this application.

POSITION APPLYING FOR _____ DATE AVAILABLE _____

Full-Time
Part-Time
Seasonal/Temporary

Name (Last)	(First)	(Middle)	Phone Number
Street Address		Email Address	
City	State	Zip Code	

Are you over 18 years old? Yes No

If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal in accordance with the Immigration Reform and Control Act of 1986.

EDUCATION/TRAINING

How many years of school have you completed?	9	10	11	12/	13	14	15	16/	17	18	19	20
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Types of School	Name and Address of School	Degree or Certificate	Major
High School			
College or University			
College or University			
Graduate School			
Technical			
Technical			

List any correspondence courses, special courses, seminars, workshops, and training programs you attended that might relate to this position.

If relevant, list other current registrations, licenses or certifications you have. Include date first issued and expirations of current issuance:
 If relevant, please indicate

 Driver's License Number State Class

TO BE COMPLETED BY APPLICANTS FOR CLERICAL, ADMINISTRATIVE & FISCAL POSITIONS ONLY

Typing Ability: Yes No _____ WPM

Can you operate:

Personal Computer/Word Processor: Yes No Dictating Equipment: Yes No
 What computer software have you used?

Other office equipment you can operate:

TO BE COMPLETED BY APPLICANTS FOR LABOR & SKILLED TRADE POSITIONS ONLY

Apprenticeship(s) served or trades learned:

Capable of operating the following equipment:

EMPLOYMENT HISTORY

Please list past employers beginning with your most recent employment. If necessary, list other employers on back of application

Present or last employer		Address _____ City _____ State _____		
Your Supervisor's Name		Phone Number _____		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates Employed (Mo/Yr) From _____ To _____	Total Yrs/Mos Employed _____	Hours worked Per Week _____	Job Title _____	
Reason for leaving _____			Last Salary _____	
Specific duties _____				
Second last employer		Address _____ City _____ State _____		
Your Supervisor's Name		Phone Number _____		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates Employed (Mo/Yr) From _____ To _____	Total Yrs/Mos Employed _____	Hours worked Per Week _____	Job Title _____	
Reason for leaving _____			Last Salary _____	
Specific duties _____				

Employment History, Continued

Third last employer		Address		City	State
Your Supervisor's Name		Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dates Employed (Mo/Yr) From To	Total Yrs/Mos Employed	Hours worked Per Week	Job Title		
Reason for leaving				Last Salary	
Specific duties					
Fourth last employer		Address		City	State
Your Supervisor's Name		Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dates Employed (Mo/Yr) From To	Total Yrs/Mos Employed	Hours worked Per Week	Job Title		
Reason for leaving				Last Salary	
Specific duties					
Fifth last employer		Address		City	State
Your Supervisor's Name		Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dates Employed (Mo/Yr) From To	Total Yrs/Mos Employed	Hours worked Per Week	Job Title		
Reason for leaving				Last Salary	
Specific duties					

UNSALARIED EXPERIENCE

Volunteer Organization	Street	City	State
Position Held	Duties Performed		
Immediate Supervisor	Phone Number		
Dates of Participation	Hours Per Week	Skills Learned	

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CONVICTION INFORMATION

All employment offers are conditioned upon the applicant passing a criminal background check. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought. However, making false statements or withholding information will cause you to be barred from employment, or removed from employment.

IMPORTANT FACTS CONCERNING INFORMATION ON YOUR APPLICATION

Minnesota Law affects you as an applicant with the City of St. Cloud. The following data is public information and is accessible to anyone: veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. All other personally identifiable information is considered private, including but not limited to, your name, home address and phone number.

If you are selected as a finalist for a position, your name will become public information. You become a finalist if you are selected to be interviewed by the City of St. Cloud.

The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position for which you are applying. You may legally refuse, but refusal to supply the requested information will mean that your application for employment may not be considered.

If you are selected for employment with the City of St. Cloud, the following additional information about you will be public: your name; actual gross salary and salary range; actual gross pension; the value and nature of your fringe benefits; the basis for and the amount of any added remuneration, such as expenses or mileage reimbursement, in addition to your salary, your job title; job description; training background; previous work experience, the dates of your first and last employment with the City of St. Cloud; the status of any complaints or charges against you while at work; the final outcome of any disciplinary action taken

against you, and all supporting documentation about your case; your badge number, if any; your city and county of residence; your work location and work telephone number; honors and awards; payroll timesheets and comparable data.

Anything not listed above which is placed in your application folder or your personnel file (such as medical information, letters of recommendation, resumes, etc.) is made private information by law. For further information, refer to Minnesota Statute, Chapter 13.

In consideration of being permitted to apply for the position herein, I voluntarily assume all risks in connection with my participating in any tests the City of St. Cloud deems necessary to determine my fitness and eligibility, and I release and forever discharge the City of St. Cloud, its officers and employees from any and all claims for any damage or injury that I might sustain in said testing process.

Tennessee Warning: The purpose and intended use of the information requested on the application is to assist in determining your eligibility and suitability for the position for which you are applying. You may legally refuse to give the information. If you refuse to give the information, your application for employment may not be considered. Other persons or entities authorized to receive the information you supply, include but are not limited to: Staff of St. Cloud Police Department, Bureau of Criminal Apprehension, Drivers License Section, Auditors for the City of St. Cloud, and other governmental agencies necessary to process your application.

This space can be used to add any additional information or to complete previous questions.

APPLICANT'S STATEMENT

I hereby certify that all answers to the above questions are true and I agree and understand any false statements contained in this application (including failure to present the required proofs and any additional information required for Public Safety applicants) may cause rejection of this application or termination of employment. I authorize the City of St. Cloud and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. In accordance with Minnesota Data Practices Act (M.S. 15.165) I have been informed of and understand my rights as a subject of data.

Signature of Applicant

Date

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans. Points are awarded subject to the provision of MN Statutes 43A.11. To be eligible for veteran's preference points you must:

1. Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who because of the disability is not able to qualify; and
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it. You must supply a copy of your DD214. Disabled veterans must also supply form FL-802 or an equivalent letter from a Service Retirement Board. Spouses applying for preference points must supply their marriage certificate, the veteran's DD214 and FL-802 or death certificate.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS?		YES	NO
<i>If "YES" please complete the remainder of this form. In addition, your DD214 or other documentation must be received no later than five (5) calendar days after the application deadline.</i>			
Veteran: Self Spouse		If spouse, veteran's name:	
Branch of Service:		Period of Active Duty: From: To:	
Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service No:
Are you receiving or eligible for a military pension? Yes No		Do you have a compensable service-related disability?	
Preference Requested: Veteran Spouse of Disable Veteran Disabled Veteran Spouse of Deceased Veteran			

Your preference points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than five (5) calendar days after the application deadline for the position you have applied for in order to guarantee that points are awarded properly.

Supporting documentation: is attached will be submitted within 5 days of application deadline

Applicant's Name: _____ **Date:** _____
(Please Print)

Position Applied for: _____

NOTICE TO JOB CANDIDATES – THIS INFORMATION IS VOLUNTARY

Civil Service Rule V allows for “expanded certification” of women and/or racial minorities under certain circumstances. This means that, in addition to the top three candidates historically considered for a vacancy, the Board may include up to two eligible candidates from each protected group that a disparity exists. To be considered, the candidate must score in the top 2/3 of those successfully completing the examination.

If you would like to claim protected class status as a female or racial minority, please indicate below and sign this form. The information is confidential and will be separated from your employment application, but will be used for record keeping purposes in the event you are eligible for the expanded certification allowance.

Protected Class:

Female

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Name: _____
(Please Print Name)

Position Applied For: _____

Signature: _____ **Date:** _____

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