

APPLICATION FOR EMPLOYMENT
St. Cloud Housing and Redevelopment Authority
1225 West St. Germain Street
St. Cloud, Minnesota 56301
(320) 252-0880

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, political affiliation, disability, public assistance, marital status, sex, age (19 and over), sexual orientation or criminal convictions which are not related to the position you are applying for. This policy applies to all full-time, part-time, and temporary employment.

ADA: If you require assistance in the application or selection process, please let us know. Reasonable accommodations may be made to enable individuals with a disability to participate in applications and testing.

POSITION DESIRED: _____ DATE AVAILABLE: _____
 _____ Full-time _____ Part-time _____ Temporary

Name (Last)	(First)	(Middle)	Social Security Number
Street Address		Apt. #	Phone Number
City		State	Zip Code

Are you under 18? 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

<u>Types of School</u>	<u>Name and Address of School</u>	<u>Degree or Certificate</u>	<u># Years Attended</u>	<u>Major</u>
High School:	_____			
Technical:	_____			
Business	_____			College:
Community	_____			College:
College or University:	_____			
Graduate	_____			School:

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

List other current registrations, licenses or certifications you have. Include date first issued and expiration of current issuance:

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: Dictating Equipment ___ Yes ___ No
 Speedwriting: ___ Yes ___ No ___ WPM Personal Computer: ___ Yes ___ No ___ WPM ___
 Software most familiar with: _____
 Other office equipment you can operate: _____

TO BE COMPLETED BY APPLICANTS FOR LABOR AND 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 in space provided on Page 6 of this application. Include all full-time and part-time employment. We may contact employers listed below unless you state otherwise.

Present or last employer:	Address:	City:	State:
Your supervisor's name: ___ No	Phone #:	May we contact? ___ Yes	
Dates Employed (Mo/Yr) From: To:	Total No. 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: No		Phone #:	May we contact? ___ Yes ___	
Dates Employed (Mo/Yr) From: To:		Total No. Yrs/Mos. employed:	Hours worked per week:	Job Title:
Reason for leaving: _____			Last Salary: _____	
Specific Duties: _____				

Third last employer:		Address:	City:	State:
Your supervisor's name: No		Phone #:	May we contact? ___ Yes ___	
Dates Employed (Mo/Yr) From: To:		Total No. 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 #	May we contact? ___ Yes ___ No	
Dates Employed (Mo/Yr) From: To:		Total No. 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: No		Phone #:	May we contact? ___ Yes ___
Dates Employed (Mo/Yr) From: To:	Total No. 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 #:		
Dates of Participation:	Hours Per Week:	Skills Learned:	

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

In your own words, state why you would like this job and what you would hope to accomplish here.

List 3 references (at least 2 business references):

Name: _____ Address: _____
 Personal: ___ Business: ___ Phone #: _____ Years Known: _____

If Business, where:

Was this person your immediate supervisor?

How will this person describe you?

—

Name: _____ Address: _____

Personal: ___ Business: ___ Phone #: _____ Years Known: _____

If Business, where:

Was this person your immediate supervisor?

How will this person describe you?

—

Name: _____ Address: _____

Personal: ___ Business: ___ Phone #: _____ Years Known: _____

If Business, where:

Was this person your immediate supervisor?

How will this person describe you?

—

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

CONVICTION INFORMATION

No person shall be disqualified from public employment solely or in part because of a prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining if a conviction directly relates to the position of public employment sought, the hiring authority shall consider the requirements of Minnesota Statutes Chapter 364. A copy of the requirements will be provided upon request.

Have you ever been convicted as an adult for a criminal violation? Conviction includes pleas of guilty, pleas of no contest and decisions by a judge or jury. _____ YES _____ NO		
_____	_____	_____
If yes, date and place	Nature of Offense	Disposition
_____	_____	_____
If yes, date and place	Nature of Offense	Disposition

I authorize the Housing and Redevelopment Authority 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.

I hereby state that the information provided in this Application is true, correct and complete. If I am hired, I understand that a misstatement or omission of fact on this application may result in my dismissal.

I understand that the St. Cloud Housing and Redevelopment Authority is an “at will” employer. I understand that this means that if I am hired, the Housing and Redevelopment Authority has not promised to continue my employment, and that my employment may be terminated with, or without, cause.

Applicant's Signature

Date