

**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:		Phone #:	May we contact? ___ Yes ___ No	
Dates Employed (Mo/Yr)	Total No. Yrs/Mos.	Hours worked	Job Title:	
From:            To:	employed:	per week:		
Reason for leaving: _____			Last Salary: _____	
Specific Duties: _____				
_____				
_____				

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

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

Fifth last employer:		Address:	City:	State:
Your supervisor's name:		Phone #:	May we contact? ___ Yes ___ No	
Dates Employed (Mo/Yr)	Total No. Yrs/Mos.	Hours worked	Job Title:	
From: To:	employed:	per week:		
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:	

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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.

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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? \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Personal: \_\_\_ Business: \_\_\_ Phone #: \_\_\_\_\_ Years Known: \_\_\_\_\_

If Business, where: \_\_\_\_\_

Was this person your immediate supervisor? \_\_\_\_\_

How will this person describe you? \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Personal: \_\_\_ Business: \_\_\_ Phone #: \_\_\_\_\_ Years Known: \_\_\_\_\_

If Business, where: \_\_\_\_\_

Was this person your immediate supervisor? \_\_\_\_\_

How will this person describe you? \_\_\_\_\_

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

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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