

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

Email Address: _____

Name (Last) _____ (First) _____ (Middle) _____		
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

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: _____					
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: _____					
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: _____					
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: _____					
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: _____					
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.

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.

MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces? ☐ Yes ☐ No

Describe your duties:

Pre-Employment Authorization

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