



Application for Employment

30955 Forest Boulevard Stacy, MN 55079

(651) 462-4486 FAX (651) 462-4467

www.stacymn.org

Complete all requested information on this application. Incomplete or illegible applications may not be considered.

Fill out a **separate application for each position you are applying for.**

Today's Date:			
Position Applying for:			
Name:			
	Last	First	Middle
Address:			
	Street	City	State Zip
Phone:			
Date Available to Start:			

	YES	NO
Are you 18 years of age or older?		
Are you authorized to work in the United States?		
After employment, can you submit proof of U.S. Citizenship, authorization to work in the U.S.?		
May we inquire of your present employer about your qualifications prior to job offer?		
May we inquire of your present employer about your qualifications after job is offered?		
Have you served in the military?		
Have you worked for the City of Stacy in the past? If yes, when?		
This position may require work on evenings, holidays, and week-ends can you work that schedule?		

Education: Begin with the most recent first. Name and location of high school, GED, college, university, technical, correspondence, trade or other school.

Name of School	Did you Graduate	Certification or Degree Obtained	Major/Minor

Experience: List below your **complete** work experience for a minimum of the last five years, including apprenticeships, internships, etc. Use additional paper or resume, if necessary. Be complete. This information may be used to evaluate your experience and training. List kind of work performed, number of workers supervised, etc. Give your most recent employment first.

Employer	Address	Job Title	Length of Employment
			From To
Job Duties:			Salary
			Beginning Ending
			Reason for Leaving
Supervisor:			

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Identify volunteer and community work experience relevant to the position for which you are now applying. Be specific; list type of work, years of experience, and your supervisor and name of organization.

List certificates, certifications, registrations or occupational licenses held (including numbers and expiration dates) which are relevant to the position for which you are now applying.

References: Please list two references other than relatives who are familiar with your qualifications.

Name	Address	Phone	Relationship

Any employment offer subsequent to this application is conditional upon meeting all essential requirements of the job. **I SWEAR OR AFFIRM THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF**, and I understand that any untrue statement may result in the rejection of this application and/or termination of employment upon discovery. I authorize a thorough verification of my background and other data provided in this application and release from liability any person or entity giving or receiving such information.

SIGNATURE _____

DATE: _____



Affirmative Action/Equal Employment Opportunity Information

CONFIDENTIAL INFORMATION (to be separated from application upon receipt)

The information requested below will be used to evaluate our recruiting efforts and in reviewing our selection and placement efforts. The information is **voluntary** and **private**. It is detached and retained separately from your work history. It is not referred to hiring managers or supervisors. If we request additional information related to your disability, it will be maintained as **separate** and **private**. It may be used by some of the personnel/payroll functions subsequent to hire or as ordered by a court of proper jurisdiction.

Please Print Clearly

Last Name	First Name	Middle Initial

Gender

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Position Applying for:

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With which racial/ethnic group do you identify?

<input type="checkbox"/> White	<input type="checkbox"/> Native American-Indian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/>

Disability status, defined as one or more of the following:

- (1) a physical or mental impairment that substantially limits one or more of the major life activities;
- (2) has a record of such an impairment;
- (3) is regarded as having such an impairment.

Do you claim disability status? Yes No

To request an accommodation please contact the City Clerk at (651) 462-4486.

Where did you learn about this job?

The following information will help us evaluate our recruiting program. Please check all that apply and specify when appropriate.

<input type="checkbox"/> Former City of Stacy Employee	<input type="checkbox"/> MN Workforce Center	<input type="checkbox"/> Radio/TV
<input type="checkbox"/> Internet or E-Mail	<input type="checkbox"/> Star Tribune	<input type="checkbox"/> St. Paul Pioneer Press
<input type="checkbox"/> Post Review	<input type="checkbox"/> Scotsman	<input type="checkbox"/> School
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Other (list below)	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Help Wanted Poster		