



The City of Stacy is an equal opportunity provider and employer

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 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	Dates of Employment
Job Duties:			Reason for Leaving
Supervisor:			

Employer	Address	Job Title	Dates of Employment

Job Duties:	Reason for Leaving
Supervisor:	

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Job Duties:	Reason for Leaving
Supervisor:	

Identify volunteer and community work experience relevant to the position for which you are now applying. Be specific; list type of work, length 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 employment references other than relatives who are familiar with your qualifications.

Name	Address	Phone	Employer

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. I understand that certain information requested in this Application may be private data, and that such information will be used in making decisions about hiring and will be accessible to the department head and City Council. I further understand that employment with the City of Stacy is "at will" and is subject to termination at any time with or without cause.

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
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Gender

	Male
	Female

Position Applying for:

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With which racial/ethnic group do you identify?

Caucasion (White)		Native American-or Alaskan Eskimo		African American (Black)
Hispanic		Asian or Pacific Islander		Other (Please Indicate:_____)

A person can show that he or she has a disability in one of three ways:

A person may be disabled if he or she has a physical or mental condition that substantially limits a major life activity (such as walking, talking, seeing, hearing, or learning).

- A person may be disabled if he or she has a history of a disability (such as concer that is in remiss)
- A person may be disabled if he or she is believed to have a physical or mental impairment that is not transitory (lasting or expected to last six months or less) and minor (even if he does not have 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.

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