

Note: The information you provide on this application will be used to determine if you meet the minimum qualifications for this position. The information must be specific and completed on or before the last day for filing or your application may be rejected.

Education: Please submit a photocopy of your transcript or diploma if any education is required for this job. **Licenses:** Please submit a photocopy of your license, registration or certificate. (Addresses are located on page 1)

17. Have you graduated from high school or received a GED? Yes No

18. Name of College, University, Technical, Professional, Business or Trade School or other.	Specify Credits completed in semester or quarter hours.	Major/Minor	Degree or Certificate	Month/Year Graduation
a. <input type="text"/>	<input type="text"/> Sem <input type="radio"/> Qtr <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>
b. <input type="text"/>	<input type="text"/> Sem <input type="radio"/> Qtr <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>
c. <input type="text"/>	<input type="text"/> Sem <input type="radio"/> Qtr <input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>

19. Driver's Licenses. Please indicate if you have any of the following required for this position. (See minimum qualifications.) Provide a photocopy with your application. MN CDL Class A MN CDL Class B MN Class C MN Class D

License, registrations or certificates required for this position. (See minimum qualifications.) When you file this application, provide a photocopy of your license, certificate, etc.	Expiration Date (Month/Year)	Out of State Licenses Only
<input type="text"/>	<input type="text"/> / <input type="text"/>	State Initials <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="radio"/> CDL
<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="radio"/> Other

20. **Experience** You may submit a resume in addition to completing this form. You may submit additional sheets in this format if necessary.

Current or most recent employer. (May we contact this employer for reference?) Yes No

Name of Organization:

Name of Dept/Div:

Address:

Phone No: - - Rate of Pay: hr bi/w yr \$

Job Title:

Supervisor:

Employment Dates: (Month) (Year)
From: -

To: -

Hours per Week:

Reason for leaving:

Major Duties or Responsibilities:	% of time
1. <input type="text"/>	<input type="text"/> %
2. <input type="text"/>	<input type="text"/> %
3. <input type="text"/>	<input type="text"/> %
4. <input type="text"/>	<input type="text"/> %

Employment Dates:
 (Month) (Year)
From: -
To: -

Name of Organization:

Address:

Phone No: - - **Rate of Pay:** hr bi/w yr \$

Job Title:

Supervisor: **Hours per Week:**

Reason for leaving:

Major Duties or Responsibilities:	% of time performing duty
1. <input type="text"/>	<input type="text"/> %
2. <input type="text"/>	<input type="text"/> %
3. <input type="text"/>	<input type="text"/> %

Employment Dates:
 (Month) (Year)
From: -
To: -

Name of Organization:

Address:

Phone No: - - **Rate of Pay:** hr bi/w yr \$

Job Title:

Supervisor: **Hours per Week:**

Reason for leaving:

Major Duties or Responsibilities:	% of time performing duty
1. <input type="text"/>	<input type="text"/> %
2. <input type="text"/>	<input type="text"/> %
3. <input type="text"/>	<input type="text"/> %

Employment Dates:
 (Month) (Year)
From: -
To: -

Name of Organization:

Address:

Phone No: - - **Rate of Pay:** hr bi/w yr \$

Job Title:

Supervisor: **Hours per Week:**

Reason for leaving:

Major Duties or Responsibilities:	% of time performing duty
1. <input type="text"/>	<input type="text"/> %
2. <input type="text"/>	<input type="text"/> %
3. <input type="text"/>	<input type="text"/> %

23.

Have you ever been convicted of a misdemeanor or a felony (juvenile convictions excluded)?
Do not include convictions which have been annulled or expunged. Yes No

**EMPLOYEE CERTIFICATION
BEFORE SIGNING THIS APPLICATION
READ THE FOLLOWING WAIVER CAREFULLY:**

1. I have read and understood the job announcement for the position for which I am applying.
2. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am hired.
3. I authorize the Saint Paul Office of Human Resources to verify this information to determine whether or not I am qualified for the position for which I am applying.
4. I authorize all current and previous employers to release job-related information upon the written request of the Saint Paul Office of Human Resources. However, I understand that if, in the Work Experience section, I have answered "No" to the question, "May we contact your present employer?", contact with my current employer will not be made without my specific authorization.
5. I understand that criminal history checks may be conducted and that conviction of a crime related to this position may result in my being rejected for this job opening.
6. I authorize the Saint Paul Office of Human Resources to conduct a criminal history check and have access to such records for purposes of determining my eligibility for employment with the City.
7. I understand that it is my responsibility to notify the Saint Paul Office of Human Resources in writing of any changes to information reported on this application.
8. As part of this application and in consideration of being permitted to take the examination for the position(s) herein applied for, including such practical information tests the Office of Human Resources shall deem necessary to determine my personal fitness, skill, and eligibility, I, the undersigned applicant, do hereby, expressly and voluntarily release, relinquish, and forever discharge the City of Saint Paul, its agents, officers or employees, from any and all claims, demands, or causes of action, including specifically, all acts of active or passive negligence on the part of the City, its agents, officers, or employees, damage or injury that I might sustain in connection with, or by reason of, my participating in said examination, it being fully understood that I do, hereby, voluntarily assume all risks of whatever nature in connection therewith.

(Signatures for web submitted applications will be requested at exam)

24.

(Month) (Day) (Year)

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DATE (NUMBERS ONLY)

SIGNATURE

(Fold here to submit the application via US mail)

**OFFICE OF HUMAN RESOURCES
400 CITY HALL ANNEX
25 WEST 4TH STREET
ST. PAUL, MN 55102-1676**

STAMP

TITLE: _____

OFFICE OF HUMAN RESOURCES

400 CITY HALL ANNEX

25 WEST 4TH STREET

ST. PAUL, MN 55102-1676

STEPS TO FOLLOW TO APPLY FOR A JOB

1. Fill out this application completely.
 2. Read and sign the back side of this form (unless e-mailed or submitted via Internet).
 3. Read the job announcement carefully (including the back) to be sure you meet all the requirements.
 4. **MAKE NOTE OF THE EXAMINATION TIME AND PLACE ON THE JOB ANNOUNCEMENT, AS NO FURTHER NOTICE WILL BE MAILED OR EMAILED TO YOU.**
 5. Include with your application all requested proofs of education, licenses or registrations. (If e-mailing or submitting via Internet, provide separately.)
 6. Make sure this application is physically or electronically received by the Saint Paul Office of Human Resources by 4:30 p.m. on the application deadline as stated on the job announcement.
 7. Be as complete and specific as possible in completing this application. Incomplete applications will be rejected. Your eligibility to take the examination for this position will be determined by the information you provide.
 8. All material you submit with your application will be destroyed upon expiration of the eligible list. If you are hired for a position, your material will be maintained in your personnel file.
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ELIGIBILITY FOR EMPLOYMENT

The United States Department of Immigration and Naturalization requires verification of identity and employment eligibility of each person hired within 72 hours of employment. City recruiting and hiring decisions shall not be based upon citizenship.

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.87 (1983) on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address, Home Phone Number, Social Security Number, Racial/Ethnic Data, and Residency application.

This means it is available only to you and city officials who have a bona fide need for it. This data will be used to identify you within the hiring process. Furnishing racial/ethnic data and social security number is voluntary. Refusal to supply other requested information may mean your application will not be considered.

Your name will become public data when you are certified as eligible to a vacancy. All other information you supply on this application with the exception of that which is private data as indicated above will become public if you are hired by the City of Saint Paul.

VETERAN'S PREFERENCE

Minnesota state law allows qualified veterans to file a claim for veteran's preference before or after an examination. If you are a veteran, you are encouraged to file a claim for veterans' preference as soon as possible in the Office of Human Resources.

If you intend to file a claim for veteran's preference with the City of Saint Paul, a copy of your Form DD214 should be filed as soon as possible in the Office of Human Resources, Room 400 City Hall Annex, 25 W. 4th Street, Saint Paul, Minnesota 55102.

Delay in filing the requested claims may result in delay in adding veteran's preference points to your passing test score.

Please insure all application information is read and/or downloaded prior to submitting this application. This includes the Official Job Announcement for which you are applying.