



APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Last Name		First Name	
Middle Name		Date of Birth	
POSITION			
Position Applying For			
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?		Yes No	
Wage or Salary Desired		Date Available	

ADDRESS AND CONTACT INFORMATION

Mailing Address			
Physical Address			
City			
State		Zip Code	
Home Phone		Work Phone	
Cell Phone		Email	

EDUCATION AND TRAINING

Name and Location	Dates Attended		Graduate	Degree and Year	Major or Subject
	From		Yes No		
	To				
	From		Yes No		
	To				
	From		Yes No		
	To				
	From		Yes No		
	To				
Occupation License, Certificate or Registration			Where Issued		Expiration Date



**City of Saint Paul
Application for Employment**

WORK EXPERIENCE	
<i>Start with your present or last job, include any job-related military service assignments and volunteer activities, you may exclude organizations which indicate race, color religion, gender, national origin, disabilities or other protected status.</i>	
Employer #1	
Address	
Telephone Numbers	
Dates Employed	
Starting/Present Job Title	
Hourly Rate Salary/Wage	
Supervisor's Name	
Reason for Leaving	
Work Performed	
Employer #2	
Address	
Telephone Numbers	
Dates Employed	
Starting/Present Job Title	
Hourly Rate Salary/Wage	
Supervisor's Name	
Reason for Leaving	
Work Performed	
Employer #3	
Address	
Telephone Numbers	
Dates Employed	
Starting/Present Job Title	
Hourly Rate Salary/Wage	
Supervisor's Name	
Reason for Leaving	

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Work Performed					
Employer #4					
Address					
Telephone Numbers					
Dates Employed					
Starting/Present Job Title					
Hourly Rate Salary/Wage					
Supervisor's Name					
Reason for Leaving					
Work Performed					
EXPLAIN ANY GAPS IN EMPLOYMENT SIX (6) MONTHS OR GREATER					
From		To		Reason	
From		To		Reason	
From		To		Reason	
LIST SPECIAL QUALIFICATIONS AND SKILLS					
LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD					
RESPOND TO THE FOLLOWING QUESTIONS					
Are you eligible to work in the U.S.?			Yes	No	

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Have you ever been convicted of a felony?	Yes	No
Do you have a valid driver's license?	Yes	No
Do you have any immediate family employed by the City?	Yes	No

APPLICANT'S STATEMENT
(use the space to communicate to the City any special information not listed in the application)

REFERENCES (DO NOT INCLUDE FAMILY MEMBERS OR PAST SUPERVISORS)

Name	Phone Number and Email	Best Time to Call	Occupation

INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination, criminal background check, and/or a pre-employment alcohol/drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

SIGNATORY

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date