

Application Questionnaire

MODEL CITIES, INC.

CORPORATE ADDRESS: 1821 University Avenue, Suite N-461, St. Paul, MN 55104
EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following requested information is voluntary and confidential. It will be kept separately from your application and any subsequent personal file. We collect this information for the sole purpose of creating and maintaining Equal Employment Opportunity and Affirmative Action records. We appreciate your cooperation with our EEO/AA efforts.

Name: _____

Job Applied For: _____ Date: _____

Sex: _____ Female _____ Male

Race:

_____ African American (Black)

All persons having origins in any of the Black African racial groups: not of Hispanic origin.

_____ Asian or Pacific Islander:

All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islander.

_____ Caucasian (White, not of Hispanic origin):

All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ Hispanic:

All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

_____ Native American (American Indian) or Alaskan Native:

All persons having origins in any of the original peoples of North America and who maintain identifiable tribal affiliations through membership, participation or recognition,

Other: Please list _____

PERSON WITH A DISABILITY:

An individual

- a. Who has a physical or mental impairment (condition) that materially limits one or more major life activities; or
- b. Who has a record of such impairment; or
- c. Who is regarded as having such impairment.

(Major life activities may include such activities as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, sitting, standing, lifting, breathing, learning, and working.)

According to the above definition, are you disabled? ____ Yes ____ No.

How did you first learn about this position?

If you received this form in the mail, please return in the enclosed envelope.

If interviewing for the position, please return to the interviewer.

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement

Employment Agency

Friend

Relative

Walk-In

Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number				

If you are under 18 years of age, can you provide required proof of your eligibility to work?

___ YES ___ NO

Have you ever filed an application with us before?

___ YES ___ NO

If Yes, give date _____

Have you ever been employed with us before?

___ YES ___ NO

If Yes, give date _____

Are you currently employed?

___ YES ___ NO

May we contact your present employer?

___ YES ___ NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

___ YES ___ NO

On what date would you be available for work?

Are you available to work ___ Full Time ___ Part Time ___ Shift Work ___ Temporary

Are you currently on "lay-off" status and subject to recall?

___ YES ___ NO

Can you travel if a job requires it?

___ YES ___ NO

___ YES ___ NO

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Employment History

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.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Street		City		State Zip
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title		Supervisor		
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Street		City		State Zip
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title		Supervisor		
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Street		City		State Zip
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title		Supervisor		
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Street		City		State Zip
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title		Supervisor		
Reason for Leaving				

If you need additional space, please continue on a separate paper.

<p>List professional, trade, business or civic activities and offices held.</p> <p>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</p> <p>_____</p> <p>-</p> <p>_____</p> <p>-</p> <p>_____</p> <p>-</p>
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Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word Perfect	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation you applied?

A description of the activities involved in such a good job or occupation is attached. YES NO

References

1.	_____	_____
	(Name)	Phone #

	(Address)	
2.	_____	_____
	(Name)	Phone #

	(Address)	
3.	_____	_____
	(Name)	Phone #

	(Address)	

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate School				
Graduate professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ YES _____ NO

Remarks _____

INTERVIEWER **DATE**

Employed _____ YES _____ NO Date of Employment _____

By _____
NAME AND TITLE **DATE**

NOTES _____

