

# Application Questionnaire

**MODEL CITIES OF ST. PAUL, INC.**  
**CORPORATE ADDRESS: 839 University Ave W, 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 _____
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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?  YES  NO

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

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

# 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.**

List professional, trade, business or civic activities and offices held.  
 You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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# Additional Information

## Other Qualifications

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

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## Specialized Skills

## Check Skills/Equipment Operated

		Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> Microsoft Office Suite	<input type="checkbox"/> Fax	_____	_____
<input type="checkbox"/> Copier	<input type="checkbox"/> Scanner	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> CRM Database	_____	_____
<input type="checkbox"/> HMIS	<input type="checkbox"/> Adobe	_____	_____
<input type="checkbox"/> SSIS	<input type="checkbox"/> Adobe Acrobat	_____	_____

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

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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 job or occupation is attached.       YES       NO

## References

- \_\_\_\_\_ (Name) \_\_\_\_\_ Phone #

\_\_\_\_\_ (Address)
- \_\_\_\_\_ (Name) \_\_\_\_\_ Phone #

\_\_\_\_\_ (Address)
- \_\_\_\_\_ (Name) \_\_\_\_\_ Phone #

\_\_\_\_\_ (Address)

# Education

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	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. I understand that any offer of employment is contingent upon my consenting to and passing a criminal background check.

\_\_\_\_\_  
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** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_