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: ___________________________

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? _____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

Revised 1/23/2019
## 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.

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<thead>
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<th>Employer</th>
<th>Dates Employed</th>
<th>Work Performed</th>
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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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Revised 1/23/2019
### Additional Information

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

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**Specialized Skills**

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<tr>
<th>Specialized Skills</th>
<th>Check Skills/Equipment Operated</th>
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<tr>
<td>Production/Mobile Machinery (list):</td>
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<tr>
<td>- Microsoft Office Suite</td>
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<td>- Copier</td>
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<td>- Calculator</td>
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<td>- HMIS</td>
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<td>- SSIS</td>
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<td>- Other (list):</td>
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<td>- Fax</td>
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<td>- Scanner</td>
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<td>- Adobe</td>
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<td>- Adobe Acrobat</td>
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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**

1. (Name) ___________________________ Phone # ___________________________
   (Address) ___________________________

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

3. (Name) ___________________________ Phone # ___________________________
   (Address) ___________________________
# Education

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<tr>
<th></th>
<th>Name and Address of School</th>
<th>Course of Study</th>
<th>Years Completed</th>
<th>Diploma Degree</th>
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<tr>
<td>Elementary School</td>
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<td>High School</td>
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<td>Undergraduate School</td>
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<tr>
<td>Graduate professional</td>
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<td>Other (Specify)</td>
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Indicate any foreign languages you can speak, read and/or write.

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<th>FLUENT</th>
<th>GOOD</th>
<th>FAIR</th>
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<td>WRITE</td>
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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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Revised 1/23/2019