



MUNICIPAL BUILDING COMMISSION

Application for Employment

The Municipal Building Commission (MBC) is an equal opportunity employer.

IMPORTANT EMPLOYMENT APPLICATION INSTRUCTIONS -- PLEASE READ

1. Be sure to include proof of education, licenses, certificates, training, and veteran's eligibility (if required). Originals need not be submitted.
2. Read the Job Announcement carefully, if you are applying for a specific position, to be sure that you meet ALL the requirements.
3. Your application must be filled out completely. Applications that are not complete will not be processed.
4. If a section does not apply to your background, enter "None."
5. Do not state "see resume" when asked to describe your responsibilities and experience. Your qualifications will be evaluated based on information provided on the application only.

**RETURN COMPLETED FORM TO: Municipal Building Commission, Room 105 City Hall, 350 S. 5th Street
Minneapolis, MN 55415-1319, Fax (612) 596-9561**

APPLICANT INFORMATION

Last Name (PLEASE PRINT) _____ Your First Name _____ Your Full Middle Name _____

Social Security Number: _____

Would you, in any of your education or experience, be known under another name? No Yes, if yes, under what name(s) and between what dates: _____

Current Address _____ E-mail Address _____

City _____ State _____ Zip _____

Home Phone: () _____ Business Phone : () _____ Other Phone Number (i.e. cellular): () _____

Job Title (List all positions for which you would like to be considered.) _____

Job Title _____

Job Title _____

REFERRAL SOURCE: Where did you learn that this position was open for application? Please check one referral source.

- | | |
|---|--|
| <input type="checkbox"/> City Department or Employee (Which one?) | <input type="checkbox"/> Hotline (612)673-2489 |
| <input type="checkbox"/> Community Agency (Which one?) | <input type="checkbox"/> Star Tribune Newspaper (not considered a community newspaper) |
| <input type="checkbox"/> Job Service | <input type="checkbox"/> Community Newspaper (which one?) |
| <input type="checkbox"/> Minneapolis Human Resources | <input type="checkbox"/> Radio (Which station?) |
| <input type="checkbox"/> School (Which one?) | <input type="checkbox"/> Television (Which station?) |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Internet (Which website?) |

EDUCATION: What is the highest level of education you have completed? Please check one.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> High School Graduate, GED | <input type="checkbox"/> Some College | <input type="checkbox"/> Technical School |
| <input type="checkbox"/> 2-Year College Degree | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Some Graduate School |
| <input type="checkbox"/> Doctorate | <input type="checkbox"/> MD, DDS, JD | <input type="checkbox"/> Post Doctorate | |

PREVIOUS EMPLOYMENT: Have you ever been employed by any of these organizations? Please check all that apply.

- | | | |
|---|-------------------|-----------------|
| <input type="checkbox"/> City Of Minneapolis | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Mpls Board of Education | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Minneapolis Park Board | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Minneapolis Public Library | Start Date: _____ | End Date: _____ |

Employment History

LIST YOUR EMPLOYMENT HISTORY FOR THE LAST 7 YEARS BEGINNING WITH YOUR MOST RECENT EMPLOYMENT.

Do not state "see resume" when asked to describe your responsibilities and experience. Your qualifications will be evaluated based on information provided on the application only.

If you are currently working, may we contact your current employer? YES NO

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Current Employer	Start Date	End Date
Address		
City	State	Zip
Phone Number	Hours Worked Per Week	
Your Job Title	Supervisor	
Reason for Leaving		
Please provide a brief description of your specific job duties:		

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Employer	Start Date	End Date
Address		
City	State	Zip
Phone Number	Hours Worked Per Week	
Your Job Title	Supervisor	
Reason for Leaving		
Please provide a brief description of your specific job duties:		

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Employer	Start Date	End Date
Address		
City	State	Zip
Phone Number	Hours Worked Per Week	
Your Job Title	Supervisor	
Reason for Leaving		
Please provide a brief description of your specific job duties:		

EMPLOYMENT HISTORY(continued)

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Employer	Start Date	End Date
Address		
City	State	Zip
Phone Number	Hours Worked Per Week	
Your Job Title	Supervisor	
Reason for Leaving		
Please provide a brief description of your specific job duties:		

Give dates and reasons, excluding disabilities, for any time in the last seven (7) years that is not accounted for in your employment history (e.g. unemployment, education, etc.):

Have you ever been discharged or asked to resign from any position for misconduct or unsatisfactory service? YES NO

If yes, please describe the situation. Use the 'Comments' section of this application if you need more space:

EDUCATION

Degree	Graduated:	Yes	No	If no, year expected to graduate
Major/Course of Study	School			
Degree	Graduated:	Yes	No	If no, year expected to graduate
Major/Course of Study	School			

TRAINING: List any additional training you have received.

Course Title	School Name	Course Date
Course Title	School Name	Course Date

LICENSES & CERTIFICATES: List applicable licenses or certificates. Include 1) license date, 2) license number, 3) issuing organization, 4) expiration date, 5) state in which it was issued. A legible photocopy is preferred, if it shows all information

PROFESSIONAL MEMBERSHIPS: List any professional organizations to which you belong. Include the organization name and date you joined the organization.

LANGUAGE SKILLS

If you are multi-lingual, please list the additional language(s) that you are able to translate, speak, read and/or write. (The hiring department may request a test to verify this information)

Language: English

Speak: High Moderate Low

Read: High Moderate Low

Write: High Moderate Low

Other Language: _____ Able to Translate to English: YES NO

Speak: High Moderate Low

Read: High Moderate Low

Write: High Moderate Low

Other Language: _____ Able to Translate to English: YES NO

Speak: High Moderate Low

Read: High Moderate Low

Write: High Moderate Low

COMMENTS

Use this space to provide additional education and/or experience which you believe may help you qualify for a position or which may clarify other information you have already provided.

IMPORTANT INFORMATION - READ THE FOLLOWING STATEMENTS CAREFULLY AND BE SURE TO SIGN THIS APPLICATION

1. 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.
2. I authorize the Municipal Building Commission to verify this information to determine whether or not I am qualified for which I am applying.
3. I hereby authorize all current and previous employers to release job-related information upon the request of the Municipal Building Commission.

Signature

Printed Name

Date

DO NOT WRITE IN THIS SECTION - FOR HR USE ONLY

HRIS User Initials

Date Data Entered

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