

**CITY OF ST. CHARLES EMPLOYMENT APPLICATION**  
 Equal Opportunity, Reasonable Accommodation Employer

City of St. Charles  
 830 Whitewater Ave  
 St. Charles, MN 55972



Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Other Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Are you a current City of St. Charles Employee? Yes  No  If Yes, what department: \_\_\_\_\_

**EDUCATION RECORD**

Did you graduate from high school or receive a GED certificate?  yes  no

SCHOOL NAME	LOCATION	HOURS EARNED	DIPLOMA, DEGREE OR CERTIFICATE EARNED	MAJOR FIELD OF STUDY
<b>Business/Technical/Vocational</b>				
1.				
2.				
<b>Colleges/Universities</b>				
1.				
2.				
3.				

**LICENSES**

Driver's License - "X" those that apply | For positions which require specific licenses, copies of licenses will be required at the time of interview.

Operators:  C  M Commercial:  A  B  C

Endorsements:  T  P  N  H  X

Expiration Date? \_\_\_\_\_ Number: \_\_\_\_\_

List other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types and dates received.

**SPECIAL SKILLS/LANGUAGES**

List any special skills you possess and/or equipment or office machines you can operate.

1. Languages (Other than English):

Speak  Read  Write

2.  Speak  Read  Write

**OTHER INFORMATION**

you are not a current City Employee, have you previously worked for the City?  Yes  No When? \_\_\_\_\_

Are you related to any member of the City Council or any person now employed by the City of St. Charles?  Yes  No  
 yes: Name: \_\_\_\_\_ Department: \_\_\_\_\_ Relationship: \_\_\_\_\_

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Full-time  Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ Part-time  Ending Salary: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time in this position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Full-time  Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ Part-time  Ending Salary: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time in this position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby authorize the City of St. Charles to investigate and verify any representations made by me, either orally or in writing. I hereby release the City, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance, or attempts to comply, with this authorization. I am also aware that my application is subject to the Texas open records law and may be released as a public document. I also understand that this application is the property of the City of St. Charles and will become a part of my personnel file if I am hired.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Full-time  Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ Part-time  Ending Salary: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time in this position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Describe responsibilities and duties you performed or skills you have that are required for the position for which you are applying.

May we contact this employer?  Yes  No

Employer: \_\_\_\_\_ Full-time  Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ Part-time  Ending Salary: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time in this position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



City of St. Charles  
 830 Whitewater Ave  
 St. Charles, MN 55972  
 507-932-3020  
 507-932-5301 Fax

**APPLICANT INFORMATION**  
**EEO Data**

Are you a current City of St. Charles Employee?    Yes       No  

Have you ever applied for a job with the City of St. Charles?    Yes       No  

The following information is requested for record keeping purposes. The information will not be used for making employment decisions and will be separated from your application.

**PERSONAL DATA**

Requisition Number	Job Title	Social Security No.	Last Name	First Name	Middle Initial
Address		City	State	Zip Code	Phone Number
E-mail Address:					
Sex <input type="checkbox"/> M - Male <input type="checkbox"/> F - Female	Date of Birth	Ethnic Origin <input type="checkbox"/> 1-White <input type="checkbox"/> 2- Black <input type="checkbox"/> 3 - Hispanic <input type="checkbox"/> 4 - Asian/Islander <input type="checkbox"/> 5-Other			

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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### RECORD RELEASE

I hereby give my authorization for the City of St. Charles to conduct a records check on myself for employment purposes. This will include but is not limited to the release of academic and employment records.

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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### DRIVER'S LICENSE AUTHORIZATION RELEASE

By signing below and providing my Driver's License number, I authorize the City of St. Charles to conduct a pre-employment check on y Driver's License. I understand both the validity and the record will be verified for use in determining my eligibility for employment.

Name: \_\_\_\_\_

Date of Authorization \_\_\_\_\_

Driver's License # \_\_\_\_\_

State: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



City of St. Charles

**GENERAL AUTHORIZATION AND RELEASE**

Pursuant to MN Statute 13.05

Subd. 4 Minnesota Data Practices

To: St. Charles Police Department

I, \_\_\_\_\_, hereby authorize the St. Charles Police Department to conduct a Criminal History Check on myself and to release the data collected to the St. Charles City Administrator.

I understand that the Criminal History Check will be performed by retrieving and reviewing data maintained by the Minnesota criminal justice information system (CJIS). If I have resided in Minnesota for less than five years, I hereby authorize the St. Charles Police Department to also conduct a search of the national criminal records repository, including the criminal justice data communications network.

The purpose of the Criminal History Check is to determine whether or not a conviction record may be a job related consideration affecting my suitability for a position with the City of St. Charles, Minnesota.

I understand that refusal to give my consent for a Criminal History Check may disqualify me from the City position I have applied for.

I understand that another "responsible authority" may have access to all or part of the information in the report, if the access is authorized or required by Minnesota Statutes or Federal Law.

I understand that I will receive a copy of the Criminal History Check and shall have the right to challenge the accuracy or completeness of the information contained in the report under Minnesota Statutes Section 13.04, subd. 4.

This authorization shall be valid for a period of one year, but I reserve the right to cancel this authorization at any time prior to its expiration by providing written notice to the St. Charles Police Department.

I have resided in Minnesota for the past five years: \_\_\_\_\_ yes \_\_\_\_\_ no

PLEASE PRINT	
<b>(FILL OUT COMPLETE NAME)</b>	
First Name:	Middle Name:
Last Name:	SS#:
Address:	
City:	State:
Date of Birth:	MNDL#:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_