



APPLICATION FOR EMPLOYMENT CITY OF ST. CHARLES PARK / RECREATION DEPARTMENT

www.stcharlesmn.org

Thank you for applying for employment with the City of St. Charles.

Complete the entire application, including signature and date, to ensure consideration. A resume may be attached but is not a replacement for the information requested in the application. The City of St. Charles does not discriminate based on race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability. Applicants are not required to reveal any information that may identify these attributes. Completed applications should be submitted to City of St. Charles, Attn: Rick Schaber, 830 Whitewater Avenue, St. Charles, MN 55972

POSITION INFORMATION

Position you are applying for:

Date:

☐ Full Time ☐ Part Time ☐ Seasonal Hours ☐ Limited Term/Temporary

How did you learn of this Position? ☐ Newspaper ☐ Employee ☐ Walk-In ☐ City Website ☐ Other _____

PLEASE SELECT EACH POSITION YOU ARE INTERESTED IN BELOW

RECREATION POSITIONS:

☐ Recreation Assistant
(check program(s) you have experience in)

- ☐ Fun Fridays
- ☐ Dance
- ☐ Kickball
- ☐ T-Ball
- ☐ Track & Field
- ☐ Youth Basketball

- ☐ Basketball Official
- ☐ Open Gym Attendant
- ☐ Parents Night Attendant
- ☐ Scorekeeper
- ☐ Supervisor
- ☐ Teen Dance Attendant
- ☐ Umpire

AQUATICS POSITIONS: (Mid-May – Pool Closing)

- ☐ Aquatic Center Manager*
- ☐ Swim Lessons Manger*
- ☐ WSI/WSA*
- ☐ Lifeguard*
- ☐ Cashier

Must be certified

PARK DEPARTMENT: (May 1st – August 31st)

☐ Park Assistant

I will be available: Start Date: End Date: Planned Vacations: ☐ Yes ☐ No When: _____

Please indicate with a check mark when you are available to be scheduled. Due to the nature of our business, the more available you are the more opportunities we can consider you for.

Shifts:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT INFORMATION

Last Name:		First Name:		M.I.:
Are you 16 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Address:			Apartment/Unit #:	
City:		State:	ZIP:	
Phone #:	E-mail Address:			
College Address:			Apartment/Unit #	
City:		State:	ZIP:	
Parent/Guardian Name:		Phone #		

FIRST AID / CPR / SPECIAL TRAINING

First Aid training? ☐ Yes ☐ No Completion Date: _____ CPR Training? ☐ Yes ☐ No Completion Date: _____

PLEASE INCLUDE A COPY OF ANY/ALL CURRENT CERTIFICATES OF COMPLETED COURSES

Please list any additional certifications/special training you have completed:

EDUCATION			
High School:		Address:	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, have you passed a high school Equivalency or GED test? YES <input type="checkbox"/> NO <input type="checkbox"/>	
College:		Address:	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other:		Address:	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

PREVIOUS EMPLOYMENT (PLEASE LIST MOST RECENT FIRST)			
Employer:		Phone #:	
Address:		Supervisor/Title:	
Position Title:	Start/End Dates: (Month/Year) to	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Responsibilities:			
Employer:		Phone #:	
Address:		Supervisor/Title:	
Position Title:	Start/End Dates: (Month/Year) to	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Responsibilities:			
Employer:		Phone #:	
Address:		Supervisor/Title:	
Position Title:	Start/End Dates: (Month/Year) to	May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Responsibilities:			
Have you ever worked for the City of St. Charles? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when? In what position(s)?	
Are you related to any current City of St. Charles employee or elected official? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, who?	

SPECIAL SKILLS OR QUALIFICATIONS
Please summarize any special skills or experience which will help you with the position you are applying for. Include mechanical skills:
Please list any activities, clubs or organizations in which you are actively participating:

REFERENCES	
<i>Please list three professional references (NO RELATIVES)</i>	
Full Name:	Title:
Organization:	Phone #:
Relationship:	
Full Name:	Title:
Organization:	Phone #:
Relationship:	
Full Name:	Title:
Organization:	Phone #:
Relationship:	



APPLICATION DISCLAIMER AND SIGNATURE

- I certify that the information provided in this application (and accompanying resume, if any) is true, correct and complete to the best of my knowledge without omissions of any kind. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.
- I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information to the City of St. Charles that may be required to enable the City of St. Charles to arrive at an employment decision.
- I release the City of St. Charles and all providers of information from any liability and a result of furnishing and receiving any information related to the City of St. Charles's hiring process.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of St. Charles is of an "at will" nature, which means that as an "at will" employee, I may resign at any time and that the City of St. Charles may discharge me at any time with, or without cause.
- I understand that if hired, I am required to abide by all rules and regulations of the City of St. Charles.
- I am also aware that my application is subject to the Minnesota 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.

Applicant's Printed Name:

Applicant's Signature:

Date:

DATA PRACTICE ADVISORY (Important facts concerning information provided on your application)

Minnesota Statutes § 13.04 on data privacy requires that you be informed that the following information, which you will be asked to provide in the employment process, is considered private data. If you are employed, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, please notify the City of St. Charles office by letter.

Private Data:	We ask for this information for the following reasons:
<ul style="list-style-type: none"> • Name • Home address • Home phone number • Social Security number • Date of birth • Conviction record • Sex • Age group • Racial/ethnic group • Disability type 	<ul style="list-style-type: none"> • To distinguish you from all other applicants and identify you in our personnel files. • To enable us to verify that you are the individual who takes the examination. • To enable us to contact you when additional information is required, send you notices, and/or schedule you for interviews. • To determine if you meet the minimum age requirements (if any). • To determine whether or not your conviction record may be a job-related consideration affecting your suitability for the position you applied for. • To enable us to ensure you rights to equal opportunities. • To meet federal reporting requirements. • To make processing more efficient.

The data supplied may be used for other purposes as may be determined to be necessary in the administration of the City of St. Charles Civil Service Act and the rules and regulations promulgated pursuant thereto.

Furnishing Social Security number, date of birth (unless a minimum age is required), sex, age group, racial/ethnic group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you and to other persons in the city or city-related programs that have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

If you pass the examination, your name, score, and standing will become public information and may be provided to anyone.

If you are hired by the City of St. Charles, you will be legally required to supply your Social Security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration and will enable us to compute your salary deductions will be classified as private as will payroll deduction data.

If you have any questions regarding your rights as a subject of data, please contact the Deputy Clerk, City of St. Charles, at 830 Whitewater Avenue, St. Charles, MN 55972.

This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.

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Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of St. Charles appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:

Gender: ☐ Male ☐ Female

With which racial/ethnic group do you identify?

- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ American Indian or Alaskan Native through Tribal affiliation or community recognition
- ☐ Caucasian/White Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Two or more races

SPECIAL NOTICE TO DISABLED INDIVIDUALS:

If you are a disabled person, you are invited to volunteer information concerning any personal physical or mental disability. If you desire, please state below any personal disability and your suggestions on how it may be accommodated.

Disability status, defined as:

1. Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
2. Has a history of a disability (such as cancer that is in remission);
3. Is regarded as having such an impairment.

Do you claim disability status? ☐ Yes ☐ No

Suggestions for reasonable accommodations:

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APPLICANT DATA RECORD

Please return this form with your employment application.

This form, and any data submitted on the form, will be kept separate from your personnel file and will not be accessible by anyone involved with making decisions regarding your employment. While your reply will be most helpful to us in reporting accurate data, completing this form is entirely voluntary; refusal to complete the form will not adversely affect your employment.

You have made application with this agency for employment. The Minnesota Data Practices Act requires that you be advised of the following information: You are being asked to provide private and/or confidential data about yourself which will be used to check criminal histories, arrest records, and warrant information. You may refuse to provide this information; however, should you refuse, the investigation cannot be completed and will result in your application not being processed. The information that you provide will be used by the City of St. Charles to complete its background investigation.

Date of Application:		Position applied for:	
Last Name:		First Name:	Middle Name:
Phone #:		Email:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number:	
Driver's License/ID Number:		Issuing State:	I have resided In Minnesota for the past five years: <input type="checkbox"/> Yes <input type="checkbox"/> No

City of St. Charles
GENERAL AUTHORIZATION AND RELEASE
Pursuant to MN Statute 13.04
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 requested 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.

Signature of Applicant: _____ Date: _____

Notary Signature: _____ Date: _____