



MUNICIPAL BUILDING COMMISSION

Application for Employment

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

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)	First Name	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		
City	State	Zip
Home Phone: ()	Business Phone: ()	Other Phone Number (i.e., cellular, etc.): ()
Job Title (List all positions for which you would like to be considered.)	Exam Number (List all current, open positions for which you are qualified and would like to be considered.)	
Job Title	Exam Number	

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

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

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

Some High School	High School Graduate, GED	Some College	Technical School
2-Year College Degree	Bachelor's Degree	Master's Degree	Some Graduate School
Doctorate	MD, DDS, JD	Post Doctorate	

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

City Of Minneapolis	Start Date:	End Date:
Mpls Board of Education	Start Date:	End Date:
Minneapolis Park Board	Start Date:	End Date:
Hennepin County	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

1

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:

2

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:

3

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)

4

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

TRAINING: List any additional training you have received.

Course Title	School Name	Course Date
Major/Course of Study	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 requested

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
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Read	High	Moderate	Low
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Write:	High	Moderate	Low
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Other Language:		Able to Translate to English:	Yes	No
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Speak:	High	Moderate	Low
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Read:	High	Moderate	Low
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Write:	High	Moderate	Low
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Other Language:		Able to Translate to English:	Yes	No
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CONVICTIONS

If you have been convicted of any violations of the law, other than parking tickets, you MUST report ALL convictions, past and present. Do not list juvenile (under 18 years of age) convictions unless you were tried as an adult. If it is determined that they are NOT job related, they will not disqualify you. Applicable positions with the MBC require a background check by the Hennepin County Adult Detention Center/Public Safety Facility and the Minneapolis Police Department.

Month/Day/Year	City/County/State	Nature of Offense	Result (fine paid, time served, length of probation, etc.)
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COMMENTS

NOTE - IF YOU NEED SPECIAL TESTING ACCOMMODATIONS (such as a reader or sign language interpreter) PLEASE SPECIFY TYPE OF ACCOMMODATION NEEDED:

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

RETURN TO:

Municipal Building Commission
Room 105 City Hall, 350 South 5th Street
Minneapolis, MN 55415-1319

FAX (612) 596-9561