

## Application For Employment

Name:			
Name:  First		Last	
Other names by which you have been known	1: For date verification	n and reference checking purposes	
Address:			
Street / Ro	oute / PO Box		
City	State	Zip	
Phone: Home()		Work()	
Position which you are currently applying for	or:		
NOTICE O	OF INTENT TO COLLE	ECT PRIVATE DATA	
All applicants are asked to provide the det	a in this application for t	the purpose of processing your application. Minnesota	
		Department of Employee Relations and Finance. State	
		committees may have access to the data, provided their	
		e data may include: Legislative Auditor, Attorney	
General, enforcement agencies with statutor	y authority, and any other	person or entity authorized by law or court order.	
POST-SECONDARY EDUCATION (list all degrees):			
	Date Earned Major(s		
Institution state Degree	Dute Eurneu Wagor (	specially (if any)	
Elaw-sad History Disco list was a		Familiashla include reluntant and salf	
employment Provide an explanation for any	st receilt elliployer first. Ti v gans in employment Al	f applicable, include volunteer work and self ll information in this section must be complete. <b>A</b>	
		urate and complete. Please attach additional pages if	
necessary.		1	
1. Employer:			
		Phone: _( )	
		ob Title:	
Supervisor's Name and Title:		Ju Title	
•			
Dates of Employment: / From (month / year)	To (mont	oth / year)	
Job Duties:			
Reason for Leaving:			

2. Employer:			
Address:	Phone: _( )		
Starting Job Title:	Final Job Title:		
Supervisor's Name an	d Title:		
Dates of Employment			
	From (month / year)  To (month / year)		
Job Duties:			
-			
Reason for Leaving:			
3. Employer:			
Address:	Phone: _( )		
Starting Job Title:	Final Job Title:		
Supervisor's Name an	d Title:		
Dates of Employment			
	From (month / year)  To (month / year)		
Job Duties:			
Reason for Leaving:			
REFERENCES  Please provide references or reference letters as indicated in the Notice of Vacancy (attach sheet)			
Are you legally eligible to work in the United States? Yes No			
	PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS		
information concerning educational records in	lease Information: By my signature, I consent to the release of information (including but not be limited to g my past and present work performance; including my official personnel files; attendance records; evaluations; cluding transcripts; military service; law enforcement records; and/or any personnel record deemed necessary) from sota State University, Mankato.		
Signature:	Date:		
misrepresentation, fals consideration or, if his employment may be co	icant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any sification, or material omission of information or data on this application may result in exclusion from further red, termination of employment. If I have requested herein that my present employer not be contacted, an offer of onditioned upon acceptable information and verification from such employer prior to beginning work.		
Signature:	Date:		