

### APPLICATION FOR CLASSIFIED EMPLOYMENT

Name:	_____	_____	_____
	First	MI	Last
Other names by which you have been known:	_____		
	For date verification and reference checking purposes		
Address:	_____	E-mail Address:	_____
	Street / Route / PO Box		
	_____	_____	_____
	City	State	Zip
Phone:	Home ( ) _____	Work ( ) _____	
	Cell ( ) _____		

#### NOTICE OF INTENT TO COLLECT PRIVATE DATA

All new state employees are asked to provide the data in this application for the purpose of processing your application. MSU is required to provide these data to the Minnesota Department of Employee Relations and Finance. State employees who perform personnel or payroll functions may have access to the data, provided their work reasonably requires access. Others who have legal access to the data may include: Legislative Auditor, Attorney General, enforcement agencies with statutory authority, and any other person or entity authorized by law or court order.

Position you are currently being considered / interviewing for: _____
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Have you ever been terminated or asked to resign from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____
Have you ever been employed at this institution or any other State Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide name of agency/institution(s)? _____
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>References – Please list at least one present and one former manager/supervisor</b>			
1.	_____	_____	_____
	Name	Company	Phone
			Business Relationship
2.	_____	_____	_____
	Name	Company	Phone
			Business Relationship
3.	_____	_____	_____
	Name	Company	Phone
			Business Relationship

**Employment History** – Please list your most recent employer first. If applicable, include volunteer work and self employment. Provide an explanation for any gaps in employment. All information in this section must be complete. *A resume may be attached, but not substituted for completing this section.* Please attach additional pages if necessary.

1. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax (required): ( ) \_\_\_\_\_  
Starting Job Title: \_\_\_\_\_ Final Job Title: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No NOTE: *All employment must be verified before a candidate can move forward as a finalist.*

2. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax (required): ( ) \_\_\_\_\_  
Starting Job Title: \_\_\_\_\_ Final Job Title: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No NOTE: *All employment must be verified before a candidate can move forward as a finalist.*

3. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax (required): ( ) \_\_\_\_\_  
Starting Job Title: \_\_\_\_\_ Final Job Title: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer?  Yes  No NOTE: *All employment must be verified before a candidate can move forward as a finalist.*

**\*\*\*IMPORTANT - PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS\*\*\***

Minnesota State University, Mankato has the right to verify information provided in this application and resume. False information may subject an applicant to the penalty provisions of M.S. 43A.39. In connection with this application for employment, I authorize Minnesota State University, Mankato and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application and resume (if attached), including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release Minnesota State University, Mankato and the State of Minnesota and any agent acting on their behalf from any and all liability of whatsoever nature by reason of requesting such information from any person. I declare that I have read and understand the information above. I certify and declare that all information and every statement I have made in this application and submitted resume (if attached) is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that I may be required to verify any and all information given on this application.

I understand that I will be required, prior to hire, to provide proof of eligibility to work in the United States and information on any relevant criminal convictions.

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