

Application For Employment

Name:	MI	Lost
	MI	Last
Other names by which you have been known:		nd reference checking purposes
Address:		
Street / Route / PC) Box	
City	State	Zip
Phone: Home ()		Work ()
Position which you are currently applying for:		

NOTICE OF INTENT TO COLLECT PRIVATE DATA

All applicants are asked to provide the data in this application for the purpose of processing your application. Minnesota State Mankato is required to provide these data to the Minnesota Department of Employee Relations and Finance. State employees who perform personnel or payroll functions and search committees 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.

POST-SECONDARY EDUCATION (list all degrees):					
Institution/State	Degree	Date Earned	Major(s)	Specialty (if any)	

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. Information need not be duplicated if accurate and complete.* Please attach additional pages if necessary.

1. Employer:	
Address:	Phone: _()
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:	

		Phone:()	
	Final Job Title:		
and Title:			
ent: / From (month / year)	/		
		_ Phone: _()	
	Final Job Title:		
and Title:			
•			
	e and Title:	Final Job Title: ent:/ From (month / year) To (month / year) g: g: g: Final Job Title: ent:/ From (month / year) To (month / year)	

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
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PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

Authorization to Release Information: By my signature, I consent to the release of information (including but not be limited to information concerning my past and present work performance; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary) from other entities to Minnesota State University, Mankato.

Signature:

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature: _____

Date: _____

Date: _

Minnesota State University, Mankato is an Affirmative Action/Equal Opportunity University.

This document is available in alternative format to individuals with disabilities by calling (507) 389-2986 (V) or 1-800-627-3529 or 711 (MRS/TTY).

Minnesota State University, Mankato is a member of the Minnesota State Colleges and Universities System.