



Hallie Q. Brown Community Center, Inc.

270 North Kent Street | Saint Paul, MN 55102 | (651) 224-4601 | www.hallieqbrown.org

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) applied for:		Date of application		
How did you hear about us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____
Last name		First name		Middle name
Address		Street	City	MN Zip Code
Telephone number(s)			Social Security number (voluntary)	
Best time to contact you at home is: _____ AM / PM				
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give date: _____			If yes, please give date: _____	
Do any of your friends or relatives work here? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please state name, relationship: _____				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date available for work ____ / ____ / ____			What is your desired salary range? _____	
Are you available to work:				
<input type="checkbox"/> Full time				
<input type="checkbox"/> Part time (please indicate Mornings Afternoons Evenings)				
<input type="checkbox"/> Temporary (please indicate dates available ____ / ____ to ____ / ____)				

PERSONAL / PROFESSIONAL REFERENCES

Please do not include family members or past supervisors.

Name	Occupation	Phone No.	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

A physical and/or drug test may be requested of you in the course of approving your employment. Are you willing to submit to such a test? *Physical and drug testing are required for applicants of driving positions.* Yes No

Note to applicants:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

APPLICANT STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or Interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

Please explain any gaps in your employment history:

Describe any specialized training, apprenticeship, skill and extra-curricular activities:

Describe any job-related training received in the United States military:

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

ADDITIONAL INFORMATION

Other qualifications—summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

Skills/equipment operated:

- Computer
- Spreadsheet
- Database
- Word Processing
- Presentation

- Typing _____
WPM _____
- Other _____

State any additional information you feel may be helpful to us in considering your application

EDUCATION

School	Name & Location of School	Course of Study	No. of years completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.
Please attach an additional sheet and/or résumé if needed.

Employer	Dates employed		Work Performed
	From	To	
Address			
Phone	Hourly rate / salary		
Title	Starting	Final	
Supervisor			
Reason for leaving			
Employer	Dates employed		Work Performed
	From	To	
Address			
Phone	Hourly rate / salary		
Title	Starting	Final	
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