

ending homelessness

## EMPLOYMENT APPLICATION

st. stephen's HUMAN SERVICES

St. Stephen's Human Services  
2211 Clinton Avenue South  
Minneapolis, MN 55404  
An Equal Opportunity and Affirmative Action Employer

612-874-0311 phone  
612-874-0313 fax  
www.ststephensmpls.org

### INSTRUCTIONS - PLEASE READ

1. Read the job announcement carefully to ensure that you meet ALL requirements.
2. Complete the entire application in TYPE or PRINT clearly in BLACK ink. **Individuals are considered applicants only when completed applications are received by St. Stephen's Human Services.**
3. Return, with resume and cover letter, by the closing date noted in the job announcement.

### POSITION TITLE

### PERSONAL

|                             |                               |    |
|-----------------------------|-------------------------------|----|
| LAST NAME                   | FIRST NAME                    | MI |
| ADDRESS                     | CITY, STATE, ZIP              |    |
| HOME PHONE (with area code) | MOBILE PHONE (with area code) |    |
| EMAIL ADDRESS               |                               |    |

### EMPLOYMENT TYPE

**Type of position you are applying for:**

- Full-time  
 Part-time  
 On-call  
 Temporary

**Select availability:**

- |  |  |
|--|--|
| <b>SHIFT</b>                             | <b>DAYS OF WEEK</b>                      |
| <input type="checkbox"/> Days            | <input type="checkbox"/> Monday-Friday   |
| <input type="checkbox"/> Evenings        | <input type="checkbox"/> Saturday        |
| <input type="checkbox"/> Nights          | <input type="checkbox"/> Sunday          |
| <input type="checkbox"/> Rotating shifts | <input type="checkbox"/> Rotate weekends |

Date Available: \_\_\_\_\_

Desired Salary: \_\_\_\_\_

| EDUCATION  |                             |  |   |             |
|--|-----------------------------|--|---|-------------|
| SCHOOLS ATTENDED                                     | NAME OF SCHOOL AND LOCATION | DID YOU GRADUATE?  | CHECK ONE   | MAJOR/MINOR |
| HIGH SCHOOL  | NAME                        | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br>If NO, Circle highest grade completed<br>1 2 3 4 5 6 7 8 9 10 11 12 | <input type="checkbox"/> DIPLOMA<br><input type="checkbox"/> GED  |             |
|  | LOCATION                    |  |   |             |
| TECHNICAL, VOCATIONAL, BUSINESS OR MILITARY TRAINING | NAME                        | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br>Total Credit Hours _____  | <input type="checkbox"/> DEGREE<br><input type="checkbox"/> DIPLOMA<br><input type="checkbox"/> CERTIFICATE |             |
|  | LOCATION                    |  |   |             |
| COLLEGE OR UNIVERSITY                                | NAME                        | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br>Total Credit Hours _____  | <input type="checkbox"/> DEGREE   |             |
|  | LOCATION                    |  |   |             |
| GRADUATE SCHOOL                                      | NAME                        | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br>Total Credit Hours _____  | <input type="checkbox"/> DEGREE   |             |
|  | LOCATION                    |  |   |             |

| EMPLOYMENT HISTORY   |    |  |                       |
|--|----|--|-----------------------|
| Starting with your <b>PRESENT</b> or most recent <b>EMPLOYER</b> , please list all jobs you have had, including experience in the military. Do not omit any work experience that may be unrelated to the job for which you are applying. |    |  |                       |
| <b>PLEASE COMPLETE THIS SECTION EVEN IF YOU ARE PROVIDING A RESUME.</b>  |    |  |                       |
| 1. NAME OF PRESENT OR MOST RECENT EMPLOYER   |    |  |                       |
| EMPLOYER'S ADDRESS   |    | CITY, STATE, ZIP                                   | COUNTRY (IF NOT U.S.) |
| FROM (MONTH/YEAR)  | TO | JOB TITLE  | HOURS PER WEEK        |
| /  | /  |  |                       |
| DESCRIPTION OF DUTIES  |    |  |                       |
|  |    |  |                       |
|  |    |  |                       |
|  |    |  |                       |
| REASON(S) FOR LEAVING  |    |  |                       |
| MAY WE CONTACT THIS EMPLOYER?  |    | IF YES, SUPERVISOR'S NAME AND PHONE                |                       |
| <input type="checkbox"/> NO <input type="checkbox"/> YES   |    |  |                       |
|  |    | SALARY (CIRCLE ONE)<br>\$ _____ PER _____ HR WK YR |                       |

|                               |  |                                     |
|-------------------------------|--|-------------------------------------|
| 2. NAME OF PREVIOUS EMPLOYER  |  |                                     |
| EMPLOYER'S ADDRESS            | CITY, STATE, ZIP   | COUNTRY (IF NOT U.S.)               |
| FROM (MONTH/YEAR) TO<br>/ /   | JOB TITLE  | HOURS PER WEEK                      |
| DUTIES                        |  |                                     |
| REASON(S) FOR LEAVING         |  |                                     |
| MAY WE CONTACT THIS EMPLOYER? | <input type="checkbox"/> NO <input type="checkbox"/> YES | IF YES, SUPERVISOR'S NAME AND PHONE |
| YOUR NAME WHEN WORKING HERE   | SALARY (CIRCLE ONE)                                      |                                     |
|                               | \$ PER   | HR WK YR                            |
| 3. NAME OF PREVIOUS EMPLOYER  |  |                                     |
| EMPLOYER'S ADDRESS            | CITY, STATE, ZIP   | COUNTRY (IF NOT U.S.)               |
| FROM (MONTH/YEAR) TO<br>/ /   | JOB TITLE  | HOURS PER WEEK                      |
| DUTIES                        |  |                                     |
| REASON(S) FOR LEAVING         |  |                                     |
| MAY WE CONTACT THIS EMPLOYER? | <input type="checkbox"/> NO <input type="checkbox"/> YES | IF YES, SUPERVISOR'S NAME AND PHONE |
|                               | SALARY (CIRCLE ONE)                                      |                                     |
|                               | \$ PER   | HR WK YR                            |
| 4. NAME OF PREVIOUS EMPLOYER  |  |                                     |
| EMPLOYER'S ADDRESS            | CITY, STATE, ZIP CODE                                    | COUNTRY (IF NOT U.S.)               |
| FROM (MONTH/YEAR) TO<br>/ /   | JOB TITLE  | HOURS PER WEEK                      |
| DUTIES                        |  |                                     |
| REASON(S) FOR LEAVING         |  |                                     |
| MAY WE CONTACT THIS EMPLOYER? | <input type="checkbox"/> NO <input type="checkbox"/> YES | IF YES, SUPERVISOR'S NAME AND PHONE |
|                               | SALARY (CIRCLE ONE)                                      |                                     |
|                               | \$ PER   | HR WK YR                            |

**OTHER EXPERIENCE**

**LIST RELEVANT VOLUNTEER, COMMUNITY, INTERN OR OTHER UNPAID WORK EXPERIENCE**

| ORGANIZATION | TYPE OF WORK | # HRS/WK | # YRS & MOS | SUPERVISOR |
|--------------|--------------|----------|-------------|------------|
|              |              |          |             |            |
|              |              |          |             |            |
|              |              |          |             |            |

**MILITARY SERVICE**

| BRANCH                            | RANK AT DISCHARGE | FROM | TO | TYPE OF DISCHARGE |
|-----------------------------------|-------------------|------|----|-------------------|
| IF OTHER THAN HONORABLE, EXPLAIN: |                   |      |    |                   |

**PROFESSIONAL CERTIFICATIONS AND/OR LICENSES**

|   |            |                 |
|---|------------|-----------------|
| LICENSE/REGISTRATION #  | PROFESSION | EXPIRATION DATE |
| LICENSE/REGISTRATION #  | PROFESSION | EXPIRATION DATE |
| ARE YOU CPR CERTIFIED? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, EXPIRATION DATE / / |            |                 |

**LANGUAGES**

List languages spoken fluently, OTHER THAN ENGLISH (examples: American Sign Language, Spanish, Somali, Hmong)

**PROFESSIONAL REFERENCES**

Please list **at least three (3)** individuals (other than friends or relatives) who are familiar with your work and educational qualifications.

|                  |              |                  |              |
|------------------|--------------|------------------|--------------|
| 1) NAME          |              | 3) NAME          |              |
| ADDRESS          |              | ADDRESS          |              |
| CITY, STATE, ZIP |              | CITY, STATE, ZIP |              |
| PHONE            | RELATIONSHIP | PHONE            | RELATIONSHIP |
| 2) NAME          |              | 4) NAME          |              |
| ADDRESS          |              | ADDRESS          |              |
| CITY, STATE, ZIP |              | CITY, STATE, ZIP |              |
| PHONE            | RELATIONSHIP | PHONE            | RELATIONSHIP |

## ELIGIBILITY INFORMATION

1. Have you previously been employed by St. Stephen's Human Services?  YES  NO

If YES, please list the dates of employment and the position held:

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2. Are you 18 years of age or older?  YES  NO

3. Are you legally eligible to work in the United States?

*If hired, you will be required to provide documentation verifying citizenship or eligibility to work in the United States.*

- YES  
 NO

4. Have you ever been **convicted of** any violation of the law (other than parking tickets)?  YES  NO

*A criminal background is not an automatic disqualification from employment. Each case is considered individually.*

If YES, you **MUST** report **ALL** convictions past and present.

If yes, please list:

FOR ADDITIONAL SPACE, PLEASE ATTACH AN ADDITIONAL SHEET OF PAPER

## HOW DID YOU LEARN ABOUT THIS JOB?

MN Council of Nonprofits Job Postings

St. Stephen's Human Services Website

St. Stephen's Human Services Employee \_\_\_\_\_

Job Fair \_\_\_\_\_

College/Tech School \_\_\_\_\_

Other \_\_\_\_\_

## READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN THIS APPLICATION

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize St. Stephen's Human Services to verify their accuracy and to obtain reference information on my work performance. I hereby release St. Stephen's Human Services from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

APPLICANT'S SIGNATURE

DATE