



Minnesota Senate

75 Rev. Dr. Martin Luther King Jr. Blvd.

St. Paul, MN 55155-1606

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

MINNESOTA SENATE

Position applied for:		Minimum acceptable salary:		
Full time: <input type="checkbox"/>		Temporary: <input type="checkbox"/>		
GENERAL INFORMATION				
First Name:		MI:	Last Name:	
Street Address:				Apt. #:
City:	County:	State:	Zip Code:	
Day Phone:	Evening Phone:		Cell Phone:	
Former Name(s):		E-mail:		
Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a U.S. citizen or legally eligible to work in the United States?				
Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a current or former employee of the Minnesota Senate, or do you have prior state service?				
If yes:		Employer		Dates of service
Title				(MM/YY-MM/YY)
Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have any relatives who are, or do you share a household with, a member of the Minnesota Senate or House of Representatives?				
If yes:		Relationship		Legislative Body
Name				
EDUCATION				
	Name of School & Location	Years Completed	Diploma/Degree Awarded	Major
High school				
Vocational school				
College				
College				
Graduate school				
TECHNICAL SKILLS				
Please rate your technical skills on a 1-10 scale, with 10 being highly proficient.				
____ Microsoft Word		____ Powerpoint		
____ Excel		____ Access		

WORK EXPERIENCE <i>(Begin with most recent)</i>		
Employer:		From (MM/YY):
Address:		To (MM/YY):
Job Title:		Full Time: <input type="checkbox"/> Part-time: <input type="checkbox"/>
Last salary (annual):		Supervisor's Name:
Responsibilities:		
		Title:
		Phone:
Reason for leaving:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employer:		From (MM/YY):
Address:		To (MM/YY):
Job Title:		Full Time: <input type="checkbox"/> Part-time: <input type="checkbox"/>
Last salary (annual):		Supervisor's Name:
Responsibilities:		
		Title:
		Phone:
Reason for leaving:		
Employer:		From (MM/YY):
Address:		To (MM/YY):
Job Title:		Full Time: <input type="checkbox"/> Part-time: <input type="checkbox"/>
Last salary (annual):		Supervisor's Name:
Responsibilities:		
		Title:
		Phone:
Reason for leaving:		
Employer:		From (MM/YY):
Address:		To (MM/YY):
Job Title:		Full Time: <input type="checkbox"/> Part-time: <input type="checkbox"/>
Last salary (annual):		Supervisor's Name:
Responsibilities:		
		Title:
		Phone:
Reason for leaving:		
PROFESSIONAL LICENSES, CERTIFICATIONS AND MEMBERSHIPS		
Type	Expiration Date (if any)	Issued by
REFERENCES		
(List professional references who have closely observed your work.)		
Name	Relationship	Phone

DATA PRACTICES

The Minnesota Senate’s data practices require the Senate to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private. The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications. You are not required to provide this information; however, it is necessary to determine if you are qualified for employment. If employed, you must disclose your Social Security number in order to be in compliance with state and federal tax withholding laws. If you do not supply the required information, the Minnesota Senate will not be able to consider you for employment. The use of the data we collect is limited to that necessary for the administration and management of the Minnesota Senate’s employment practices. Persons or agencies with whom this information may be shared include: human resource department employees and supervisors in a department where job openings occur. Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported data must also treat the information as private. You may exercise your rights under the Minnesota Senate’s data practices. These rights include: the right to see and obtain copies of the data maintained on you; the right to be told the contents and meaning of the data; and the right to contest the accuracy and completeness of the data. To exercise these rights, contact the Minnesota Senate Human Resources Office.

AUTHORIZATION

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me for consideration for employment and constitutes grounds for my immediate dismissal should I be employed by the Minnesota Senate. I understand and agree that any offer of employment is contingent upon the successful completion of appropriate background checks. If a position is offered to me and I accept the position, I understand that it is my responsibility to review and comply with Minnesota Senate policies and procedures. I have read and understand the information regarding my rights under the Minnesota Senate’s data practices. In connection with this application, I hereby authorize any and all current and former educational institutions, employers, organizations where I volunteered, and references, to release to the Minnesota Senate and its agents any and all information regarding my job performance and fitness and qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the Minnesota Senate will use this information to determine my fitness and qualifications for the position I am seeking. I hereby release the Minnesota Senate and all former educational institutions, employers, volunteer organizations and references from any and all liability of whatever nature by reason of requesting or providing the information. I understand that all employment with the Minnesota Senate is “at will” and that I or the Minnesota Senate may terminate the employment relationship at any time and for any or no reason without any obligation or liability to me other than payment for hours worked.

By submitting this application, I agree that I have read and understand the above conditions.

Please sign below or type in full name if submitting electronically.

Applicant’s Signature:	Date:
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