



Human Resources
345 Kellogg Blvd. W.
St. Paul, MN 55102-1906
APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ BEFORE COMPLETING THIS APPLICATION.

IN READING AND ANSWERING THE FOLLOWING QUESTIONS, PLEASE KEEP IN MIND THAT NONE OF THE QUESTIONS ARE INTENDED TO IMPLY ANY LIMITATIONS, PREFERENCES, OR DISCRIMINATION BASED ON ANY NON-JOB-RELATED INFORMATION. BY COMPLETING THIS APPLICATION, THERE IS NO ASSURANCE OF EMPLOYMENT; HOWEVER, IF A SUITABLE OPENING OCCURS, THIS APPLICATION MAY RECEIVE DUE CONSIDERATION. USE OF THIS FORM DOES NOT INDICATE THERE ARE POSITIONS AVAILABLE.

I. PERSONAL DATA

Name Last First Middle

Address Street City State Zip

Phone Where You Can be Reached Day Evening

Email address:

Previous Address (if less than 2 years at above)

Street City State Zip

If hired, can you provide proof of right to work in the U.S.? Yes No

Position Applying For: # Title:

Full-Time Part-Time Temporary Hours Preferred:

Date Available for Work

Are you at least age 18? Yes No

If not, can you submit a work permit? Yes No

Application

## II. EDUCATION AND TRAINING

School	Name and Address	Major Courses	Graduated or Degree
High School		Do Not Answer	Do Not Answer
College			
Graduate School			
Trade or Business			
Other			

Describe any other experience, training, skills, academic or professional honors, publications, grants, professional memberships, and licenses or certificates held:

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## III. WORK HISTORY

List all previous employment. Start with most recent. Attach additional sheets if necessary.

Employer Name, Address & Phone Number	Supervisor's Name	Final Position	Ending Salary	Reason for Leaving	Dates of Employment

Application

**IV. MILITARY SERVICE**

Have you served in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch of Service \_\_\_\_\_ Length of Service \_\_\_\_\_

Indicate service school attended or other special training received:

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**V. MISCELLANEOUS**

Would you be willing to travel (statewide or otherwise) should your position require you to?

Yes  No

In what career field within the Minnesota Historical Society do you desire to work?

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Ever applied to work here before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Position applied for \_\_\_\_\_ When? \_\_\_\_\_

Ever worked here before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**VI. REFERENCES**

Please provide three references who are not relatives.

Name, Address & Phone Number	Known How Long	Occupation



Application

**PLEASE READ CAREFULLY  
EXAMINE YOUR APPLICATION BEFORE SIGNING TO SEE THAT YOU HAVE GIVEN AN ANSWER  
TO EACH ITEM.**

*I certify that the facts set forth in this employment application (and any accompanying resume) are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation, or concealment of information on this application may be sufficient grounds for disqualification from further consideration for hire or immediate discharge, and that the Society shall not be liable in any respect if my employment is so denied or terminated.*

*I authorize the Society to verify the information contained in this application and to investigate my personal or employment history. I also authorize any former school, employer, person, firm, corporation, or government agency to give the Society information it may have about me. In consideration of the Society's review of this application, I release the Society and all providers of information from any liability as a result of furnishing and receiving this information.*

*I further agree that, if employed, I will conform my conduct to the Society's employment rules. I understand that no personnel recruiter, interviewer, or other representative of the Society other than the Director or the Director's designee has authority to enter into any agreement for employment for any specified period of time. I also understand that this application and any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract.*

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

## Disclosure Regarding Intent to Obtain Consumer Reports

In connection with considering your application for employment with the Minnesota Historical Society (MHS), MHS may conduct a background check on you. *This will happen only if you are offered employment.* If you are offered employment, you will receive an authorization form and a questionnaire. Your signature on the authorization form will allow us to conduct the background check. The questionnaire provides us the information needed to do so. Passing this screening is a condition of employment.

When employers use another organization (referred to as a consumer reporting agency) to conduct such a background check, the information the employer receives is called a consumer report. This consumer report may contain information regarding an applicant's credit standing, capacity, or worthiness, character, general reputation, personal characteristics or mode of living. If an investigative consumer report is obtained, it may contain information obtained through personal interviews with sources such as your neighbors, friends, or associates, regarding your character, general reputation, personal characteristics, or mode of living.

For information about the Fair Credit Reporting Act (FCRA), the federal law that governs background checks, [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

Again, *if the MHS offers you a position*, you will receive a form requesting your written authorization for obtaining consumer report(s) about you and a questionnaire. If the MHS conducts a background check on you, you have the right to obtain a copy of the report. To request such a copy, please complete the box below and return it to MHS, Human Resources, 345 Kellogg Boulevard West, St. Paul, MN 55102.

You have the right to receive a copy of your consumer report(s), free of charge, should one or more report be obtained for employment reasons. Check below if you want to receive a copy of the report(s).

Yes, I wish to be furnished with a copy of my consumer report(s) should one be obtained by MHS.

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

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip