



APPLICATION FOR EMPLOYMENT

Return to: St Cloud Regional Airport Attn: Lynn Hoff 1550 45 th Ave SE St. Cloud, MN 56304	Phone: 320.255.7292 Fax: 320.650.3255 Website: www.stcloudairport.com Email: airport@ci.stcloud.mn.us	OFFICE USE ONLY Date Received: Time:
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We welcome you as an applicant for employment. Your application will be considered with others. It is our intent to provide equality of opportunity in employment. This prohibits discrimination on the basis of race, color, creed, religion, national origin, disability, public assistance, familial status, marriage status, sex, age (18 and over) sexual orientation or criminal convictions which are not related to the position you are applying for.

Position applying for: _____ Date Available: _____

Name (last)	(First)	(Middle)	Phone Number
Street Address			Email Address
City/State			Zip Code

Are you over 18 years old? Yes No

Education/Training – How many years of education have you completed?

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Types of School	Name and Address of School	Degree or Certificate	Major
High School			
College or University			
College or University			
Graduate School			
Technical School			
Technical School			

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Present or last employer		Address	City	State
Your Supervisor's Name		Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates Employed (mo/Yr)	Total Yrs/Mos Employed:	Hours worked Per Week	Job Title	
From:	To:			
Reason For Leaving Be Specific				
Specific Duties				
List any courses, training licenses, Or certificates related to this position.				

Second last employer		Address	City	State
Your Supervisor's Name		Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates Employed (mo/Yr)	Total Yrs/Mos Employed:	Hours worked Per Week	Job Title	
From:	To:			
Reason For Leaving Be Specific				
Specific Duties				
List any courses, training licenses, Or certificates related to this position.				

Third last employer		Address	City	State
Your Supervisor's Name		Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates Employed (mo/Yr)	Total Yrs/Mos Employed:	Hours worked Per Week	Job Title	
From:	To:			
Reason For Leaving Be Specific				
Specific Duties				
List any courses, training licenses, Or certificates related to this position.				

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Fourth last employer		Address	City	State
Your Supervisor's Name		Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates Employed (mo/Yr)	Total Yrs/Mos Employed:	Hours worked Per Week	Job Title	
From: _____ To: _____				
Reason For Leaving Be Specific				
Specific Duties				
List any courses, training licenses, Or certificates related to this position.				

Fifth last employer		Address	City	State
Your Supervisor's Name		Phone Number		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates Employed (mo/Yr)	Total Yrs/Mos Employed:	Hours worked Per Week	Job Title	
From: _____ To: _____				
Reason For Leaving Be Specific				
Specific Duties				
List any courses, training licenses, Or certificates related to this position.				

CONVICTION INFORMATION

All employment offers are conditioned upon the applicant passing a criminal background check. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought. However, making false statements or withholding information will cause you to be barred from employment, or removed from employment.

IMPORTANT FACTS CONCERNING INFORMATION ON YOUR APPLICATION

The Minnesota Government Data Practices Act Law affects you as an applicant with the Saint Cloud Regional Airport Authority (Airport Authority). The following data is public information and is accessible to anyone: veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. All other personally identifiable information is considered private, including but not limited to, your name, home address and phone number.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position for which you are applying. You may legally refuse, but refusal to supply the requested information will mean that your application for employment may not be considered.

If you are selected for employment with the Airport Authority, the following additional information about you will be public: your name; actual gross salary and salary range; actual gross pension; the value and nature of your fringe benefits; the basis for and the amount of any added remuneration, such as expenses or mileage reimbursement, in addition to your salary, your job title; job description; training background; previous work experience, the dates of your first and last employment with us; the status of any written complaints or charges against you while at work; the final outcome of any disciplinary action taken against you, and all

supporting documentation about your case; your badge number, if any; your city and county of residence; your work location and work telephone number; honors and awards; payroll timesheets and comparable data.

Anything not listed above which is placed in your application folder or your personnel file (such as medical information, letters of recommendation, resumes, etc.) is made private information by law. For further information, refer to Minn. Stat. §§ 13.01 -13.90. This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.

In consideration of being permitted to apply for the position herein, I voluntarily assume all risks in connection with my participating in any tests the Airport Authority deems necessary to determine my fitness and eligibility, and I release and forever discharge the Airport Authority, its officers and employees from any and all claims for any damage or injury that I might sustain in said testing process.

Tennessee Warning: The purpose and intended use of the information requested on the application is to assist in determining your eligibility and suitability for the position for which you are applying. You may legally refuse to give the information. If you refuse to give the information, your application for employment may not be considered. Other persons or entities authorized to receive the information you supply include, but are not limited to, St. Cloud Police Department, Bureau of Criminal Apprehension, Drivers License Section, Auditors for the Airport Authority, and other governmental agencies necessary to process your application.

APPLICANT'S STATEMENT

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission discovered.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the Saint Cloud Regional Airport Authority is "at will," and that employment may be terminated by either the Airport Authority or me at any time, with or without notice.

With my signature below, I am providing the Airport Authority authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?", contact with my current employer will not be made without my specific authorization.

I have read the included Applicant Data Practices Advisory, and I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the Airport Authority in writing of any changes to information reported in this application for employment.

Signature

Date

VETERANS' PREFERENCE

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE
 NOTE: COPY OF VETERAN'S DD214 MUST BE ATTACHED (Veteran is defined by MN Statute 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other documentation verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, or other documentation verifying service, contact your County Veterans' Service Office.

The Saint Cloud Regional Airport Authority operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a competitive exam, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, or by reason of disability incurred while serving on active duty, or after having served the full period called or ordered for federal, active duty

and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a promotional exam, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points preference only once when applying for the first promotion after securing public employment.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214, or other documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

NAME (LAST)	(FIRST)	(MI)	PHONE NUMBER	POSITION APPLYING FOR
				Closing Date:
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	ARE YOU A US CITIZEN OR RESIDENT ALIEN? YES NO

VETERAN (10 points):
 ("Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points.)
YES NO

DISABLED VETERAN (15 points):
 ("Member Copy 4" of DD214, or other documentation verifying service, and USDVA Summary of Benefits Letter of disability rating of 10% or more must be submitted to receive points.)
 Percent of Disability: _____%

Have you ever applied for promotion in public employment?..... YES NO

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):
 ("Member Copy 4" of DD 214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate and proof veteran is deceased must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____ Have you remarried?..... YES NO

SPOUSE OF DISABLED VETERAN (15 points):
 ("Member Copy 4" of DD214 or DD215, or other documentation verifying service, and USDVA Summary of Benefits Letter of disability rating decision of 10% or more must be submitted to receive points.)
 How does the Veteran's disability prevent performance of a stated job "requirement". Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

AFFIDAVIT: I hereby claim Veterans' Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the Veterans' preference verification documents and submit them to the Saint Cloud Regional Airport Authority by the required application deadline date.

Signature Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by MN Statute 197.477, and to certain spouses of deceased or disabled veterans subject to the provisions of Minn. Stat. § 197.477 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien,
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1.) Attach a copy of the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2.) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service.
- 3.) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, or other documentation verifying service, USDVA verification that veteran died, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the Saint Cloud Regional Airport Authority. Please contact our office at (320) 255-7292 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference in public employment.

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The Saint Cloud Regional Airport Authority appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying: _____

Gender: Male Female

With which racial/ethnic group do you identify?

Black or African American

Hispanic or Latino

American Indian or Alaskan Native through Tribal affiliation or community recognition

Caucasian/White

Asian

Native Hawaiian or other Pacific Islander

Two or more races

Disability status, defined as:

1. Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning)
2. Has a history of a disability (such as cancer that is in remission);
3. Is regarded as having such an impairment

Do you claim disability status? Yes No