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## APPLICATION FOR

## EMPLOYMENT

Return Application to: Human Resources Office; Rochester Community and Technical College; 851 30th Avenue SE; Rochester, MN 55904-4999

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| Personal Data |
| Last Name | First Name | Middle Name/Initial |
| Street Address | City | State/Zip |
| Home Phone | Work Phone | E-mail Address: | Social Security # (Optional) |
| Print the title of the job for which you are applying:  | ***[ ]***  *Full Time* ***[ ]***  *Part Time* |
| *Are you presently employed by the State of Minnesota and/or MnSCU System?* ***[ ]***  *Yes* ***[ ]***  *No**If yes, where?* *If yes, what is your current position?*  |

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| **Are you, or will you be, legally authorized to work in the United States on the day employment begins for this position?****[ ]**  Yes [ ]  No |

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| **Education** **(list all post-secondary education)** |
| *Name of Institution* | *Location* | *Certificate or Degree* | *Date of Degree* | *Major* | *Minor* |
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| **List Special Activities and/or Honors Received** |
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| **Experience**  **(List most recent experience first and include all relevant paid and un-paid experience)** |
| *Name of Organization/**Location* | *Title* | *Dates/Length of**Experience* | *Supervisor* | *Supervisor's**Phone #* |
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| **Professional References (List three to five references. Include name/title, address, phone number and email address.)**  |
| *Name/Title/Relationship* | Address | *City, State, Zip* | *Phone Number* | *E-Mail Address* |
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| **I hereby certify that the information provided on this application is true and complete and hereby acknowledge that I have read and understand the information presented and give my consent for background verification.** |
| Signature of Applicant | Date |

The employer has the right to verify information provided on this application. False information may subject an applicant to the penalty provisions M.S.43A.39. In connection with this application for employment, I authorize the State of Minnesota and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the State of Minnesota and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

**[ ]  Yes** **[ ]  Yes, but not present employer until job is offered** **[ ]  No**

***How did you learn about this vacancy?***

***[ ]***  Journal, newspaper, or other publication. Specify source:

[ ]  Vacancy notice. Where posted?

[ ]  Website. Which website(s); please specify:

[ ]  Word of mouth from: [ ]  Campus Employee [ ]  Other:

[ ]  Invited to apply by: [ ]  Campus Employee [ ]  Other:

[ ]  If none of the above, please specify:

I give my permission for Rochester Community and Technical College to possibly consider my name for other positions that might occur throughout the Minnesota State Colleges and Universities System. [ ]  Yes [ ]  No

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| Signature of Applicant | Date |

**Important Facts About Information on Your Application**

This application is to assist in the process of considering you for possible employment in the position listed. Certain information requested on this application is private. That is, it may be released only to you or to campuses where you may be considered for employment (to comply with M.S. 13.04, Subd. 2). If you are employed, the data will be available to the Dept. of Finance, the Dept. of Employee Relations, the Internal Revenue Service and the Social Security Administration for payroll and tax purposes. If you disagree with the data we maintain about you, notify the Rochester Community and Technical College Human Resources office in writing.

**THE FOLLOWING DATA IS PRIVATE DATA.**

**ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC**

**AND MAY BE GIVEN TO ANYONE FOR ANY PURPOSE.**

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| **Private Data** | **Why we ask for it.** | **Do you have to provide it?** | **What if you don't****provide this information?** |
| Social Security Number | To distinguish you from other applicants. | No | We will assign you a number. |
| Name/Address | To distinguish you, to contact you. | Yes | Rejection of application. |
| Home Phone Number | To contact you. | No | It may be difficult for us to contact you. |
| Protected Group Status | To be able to make equal opportunity reports and to take affirmative action. | No | We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring. |
| Reasonable Accommodations | To determine your special needs. | No | We will not be able to make timely accommodations to assist you in the selection process. |