

# ST. CLOUD MUNICIPAL ATHLETIC COMPLEX APPLICATION FOR EMPLOYMENT - 2024



**STAFF ONLY**  
Date received \_\_\_\_\_  
Time \_\_\_\_\_  
By: \_\_\_\_\_

### REFERENCES

List names of three people **not related** to you whom you have known at least one year.

	Name of Reference	Address	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

### MISCELLANEOUS

1. Why do you want to work for the MAC?  
\_\_\_\_\_  
\_\_\_\_\_

2. What do you think you can contribute to the MAC in the role for which you have applied?  
\_\_\_\_\_  
\_\_\_\_\_

### CRIMINAL RECORD

Have you been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a misdemeanor within the last five years (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace)? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you hold a current driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_

### DRUG AND ALCOHOL TESTING

Notice: You may be subject to drug and alcohol testing before and/or during employment with the City of St. Cloud.

### BACKGROUND CHECK / ORIENTATION

I consent to and authorize the City of St. Cloud to thoroughly perform a background check, including to but not limited to criminal and sexual offenders. I understand and agree to attend an orientation prior to the start of my employment. I also understand that failure to attend such will result in the termination of my employment.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN APPLICATION TO:**  
St. Cloud Municipal Athletic Complex  
5001 Veterans Drive  
St. Cloud, MN 56303

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Last

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you over 18? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what is your age \_\_\_\_\_ Birth Date \_\_\_\_\_

**Location(s) of Employment Desired**

Baseball Stadium       Golf Course       Ice Arena

**Seasonal Employment Desired**

Grounds Maintenance #1       Grounds Maintenance #2       Ball Shagging       Janitorial  
 Concession #1       Concession (Rox Games)       Waiter/Waitress       Rink Maintenance  
 Announcer       Clubhouse Attendant       Hockey Game Crew       Other

**Experience in**

Grounds Maintenance       Ticket Selling       Golf Ranger       Janitorial  
 Announcing       Concessionaire       Staff Supervision       Rink Maintenance  
 Security       Clubhouse Attendant       Alcohol Sales       Money Handling

List any special skills or experience which would be helpful with the job you are applying for:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about this job?

\_\_\_\_\_

## EDUCATION / TRAINING

How many years of school have you had? 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
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Types of school	Name / Address of School	Degree	Major
High School			
College			
College			
Graduate School			
Technical			

List any correspondence courses, special courses, seminars, workshops and training programs you have attended/participated in that might relate to this position(s) you are applying for:

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### AVAILABILITY

Most of the shifts that you are applying for take place during the nights and weekends. To the best of your knowledge, put a "X" in the box that best depicts your schedule for each of the days. (most shifts during the week generally start between 4:00 and 5:00 pm, Weekends can start at anytime).

Please mark what generally applies to your schedule.

- SUNDAYS -     All are available     Most are available     Few are available     None are available
- MONDAYS -     All are available     Most are available     Few are available     None are available
- TUESDAYS -     All are available     Most are available     Few are available     None are available
- WEDNESDAYS -     All are available     Most are available     Few are available     None are available
- THURSDAYS -     All are available     Most are available     Few are available     None are available
- FRIDAYS -         All are available     Most are available     Few are available     None are available
- SATURDAYS -     All are available     Most are available     Few are available     None are available

## EMPLOYMENT HISTORY

Please list past employers beginning with your most recent employment. If necessary, list other employers on separate sheet.

Present/last employer		Address		City	State
Your supervisor's name		Phone number		May we contact? Y___ N___	
Dates employed (mo/yr)	Total years employed	Hours worked per week	Job title		
Reason for leaving					
Specific duties					
Present/last employer		Address		City	State
Your supervisor's name		Phone number		May we contact? Y___ N___	
Dates employed (mo/yr)	Total years employed	Hours worked per week	Job title		
Reason for leaving					
Specific duties					