

ST. CLOUD MUNICIPAL ATHLETIC COMPLEX APPLICATION FOR EMPLOYMENT - 2025

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

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:

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					