



Minneapolis Park & Recreation Board

Effective Date: 7/21/2021
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Temporary Employment Application

Temporary Employment Application (uncertified)

Please type or print in ink. Hiring Manager Must Complete gray section below before posting application.

Job Title: _____ Start Date: _____
Location: _____ Department: _____

APPLICANT INFORMATION

Applicant's Name: _____ Phone: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Desired Location(s): _____

AVAILABILITY

Number of hours per week: _____ per day: _____ Date available to work: _____
Days Available: []Sun []Mon []Tues []Weds []Thurs []Fri []Sat Availability: []Morning []Afternoon []Evening

BACKGROUND (attach additional sheets if necessary)

Please describe previous experience relating to the position for which you are applying:

Describe all training or education you have received relating to the position for which you are applying:

Indicate skill or interests you have which qualify you for other MPRB positions:

PREVIOUS EXPERIENCE WITH THE MINNEAPOLIS PARK & RECREATION BOARD

Have you ever been employed by the MPRB? [] Yes [] No

If yes, please give the following information: Park (or department): _____

Immediate Supervisor: _____ Dates: from _____ to _____

EDUCATION HISTORY

Table with 4 columns: Years Completed, Name of School, Degree, Major/Minor. Rows for High School, College, and Grad School.

Additional Education and Training: (including Colleges, Universities, Trade, Vocational, or other schools attended)

VOLUNTEER EXPERIENCE (attach additional sheets if necessary)

Agency/organization name: _____ Address: _____

Supervisor Name: _____ Phone: _____

Job Title: _____ Dates: from _____ to _____

Reason for leaving: _____ May we contact this agency: [] Yes [] No

Description of duties: _____



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EMPLOYMENT HISTORY (most recent first)

1 - Employer Name: Address: Supervisor Name: Phone: Job Title: Dates: from to Reason for leaving: May we contact this agency: Description of duties:

2 - Employer Name: Address: Supervisor Name: Phone: Job Title: Dates: from to Reason for leaving: May we contact this agency: Description of duties:

3 - Employer Name: Address: Supervisor Name: Phone: Job Title: Dates: from to Reason for leaving: May we contact this agency: Description of duties:

AUTORIZATION DECLARATION

Some of the data which is requested as part of the application process is classified as public data, and some of the data is classified as private data on you. You are not required to provide the requested data. However, if you choose to withhold requested data we cannot consider you for employment.

Minnesota Statute §256.998 (http://www.revisor.leg.state.mn.us/stats/256/998.html) requires us to report your name, address, social security number and date of birth to the MN Dept. of Human Services within twenty days of your hire date.

My signature below certifies that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work.

Applicant's Signature: Date:

REFERENCES

1 - Name: Phone: Address: City: State: Zip: Relationship: Number of years known: 2 - Name: Phone: Address: City: State: Zip: Relationship: Number of years known:

RETURN APPLICATION TO: MPRB (department listed on pg. 1) Department | 2117 West River Road | Minneapolis, MN 55411