

**Application for Employment**  
**City of New Germany**  
**300 Broadway Street E – PO Box 177**  
**New Germany, MN 55367**  
**952-353-2488 / 952-353-8021 FAX [ngcityhall@gmail.com](mailto:ngcityhall@gmail.com)**

1. Title of Specific Position For Which You Are Applying:		2. Today' Date		3. Date Available For Work	
4. Last Name		First Name		Middle Name	
5. Social Security Number:					
6. Home Telephone:			7. Work Telephone:		
8. Street Address:			9. Mail Address:		
10. City, State and Zip Code					
11. Are you a United States Citizen or legally eligible to work in the U.S. Yes No (circle one)			If hired, you will be required to provide work in the documentation that you are eligible to work in the United States.		
12. Do you have any relatives, other than a spouse, working for the City of New Germany? Yes No (circle one)			If yes, relationship to you _____ By which department are they employed		
13. Have you had any convictions other than minor traffic? Yes No (circle one)			If yes, explain on a separate sheet of paper and include dates. Your answer will not necessarily bar your from employment with the City. Circumstances of conviction(s) will be taken into consideration.		
14. Employment Condition Desired (circle those that apply) Regular Full-Time Regular Part-Time Seasonal/Temporary			15. Has the City of New Germany previously employed you? Yes No (circle one)  If yes, list date(s) and/or position held		
16. Have you ever been convicted of a felony? Yes _____ No _____.(A background check with be made on all potential candidates for this position.)					
17. Please list your driver's license number, the state issued in, and the class. <i>(List those you hold that required for the position for which you are applying)</i>					
Number		State		Class	
18. Education: Did your graduate from high school or receive a GED? Yes No (circle one) How many years of schooling have you completed (circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20					
TYPE OF SCHOOL	NAME AND LOCATION	# YEARS COMPLETED	MAJOR AREA OF STUDY	DEGREE/DIPLOMA RECEIVED	
High School					
Trade/Business/ Vocational					
Undergraduate Study					
Graduate Study					
Apprenticeship(s) Served or Trade Learned					
19. Please list any certifications you currently hold, including the date first issued _____					
20. Please list relevant professional memberships, registrations or licenses. Include date first issued. _____					
21. List office machines you can efficiently operate. _____					
22. List software programs you are proficient in and indicate your number of years of experience with each. _____ _____ _____ _____					

22. Work Experience. (*Experience and ratings are determined by this information: please complete.*) List complete employment history, beginning with most recent first. Include paid and unpaid experience. **DO NOT USE "SEE RESUME" OR SIMILAR.** Attach additional sheets if needed.

Employment Firm _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ Number of Positions You Supervised _____  Principal Responsibilities ( <i>be complete</i> ) <hr/> _____ _____ _____ _____ _____ _____ _____ _____ _____	Length of Employment From (Month/Year) _____ To (Month/Year) _____  Hours Worked Per Week _____  Last Salary/Wage _____  Reason for Leaving or Seeking Other Employment <hr/> _____ _____ _____ _____ _____ _____ _____ _____ _____ May we contact this employer? Yes _____ No _____
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23. Military Service  
 Date of Duty \_\_\_\_\_ Branch of Service \_\_\_\_\_  
 Current Draft or Reserve Status \_\_\_\_\_ Ending Rank \_\_\_\_\_

24. Veteran's Preference:

Veterans Preference Statutes provide a five point preference (ten points if a disabled veteran with a disabled rated at 50% or more) to those individual who attained a passing score and who have received an Honorable Discharge or separation after serving more than 180 consecutive days in the military services for purpose other than training. If this applies to your particular situation and you wish to exercise your Veterans Preference at this time, please indicate so below. Any Veteran, who is receiving or is eligible to receive, a monthly veteran's pension benefit based on length of service may not claim Veteran's Preference.

Do you wish to claim veteran's preference at this time Yes No (circle one)

If appointed, you will be required to supply the City with a copy of your Form DD-214

Date of Entry for Active Duty \_\_\_\_\_ Place Entry (City/State) \_\_\_\_\_

(Do NOT include short training periods of active duty with reserve unit.

You must have served with a unit that was on active duty, not on reserve status.)

Branch of Service \_\_\_\_\_ Date of Separation or Discharge from Active Duty \_\_\_\_\_

Type of Separation or Discharge (Honorable, General, etc) \_\_\_\_\_

Service Connected Disability (Type/Percent) \_\_\_\_\_

25. Reference: List three references's which you have known at least one year, who can attest to your work qualities.

Name	Relationship to You	Address	Telephone Number

26. Authorization to Collect, Use and Release Information:

As an applicant for a position with the City of New Germany, I hereby expressly authorize the collection, us and release of any and all information concerning me, including information of a confidential or privileged nature, which relates to my employment.

I hereby release the City of New Germany, with which I am seeking employment, from any liability which may result form releasing information requested. I also expressly authorize the release by my present and past employers ( PLEASE LIST THOSE WE MAY CONTACT),

\_\_\_\_\_

including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless the above state prior employer(s) from any liability whatsoever arising out of its release.

I understand that this Authorization may be revoked in writing by me at any time, and in no event will be valid for more than one year from its stated date.

\_\_\_\_\_  
(Applicant's Full Printed name) (Applicant's Signature)

27. Auxiliary Aids and Assistance

If, due to a disability, you need assistance in completing an application or if you anticipate that you will need auxiliary aids or service in selection process, please notify the City Clerk at (952) 353-2488.

28. Signature:

To the best of my knowledge, the information included in the application is accurate and true. I understand that misrepresentation or omission of facts in connection with my application may be sufficient cause for dismissal whenever discovered.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**29. Tennessen Warning**

Information requested on your application is defined by State Statute as public and may be released on request and include job history, education and training and work availability. Your name is private except when you are certified as eligible for appointment to a vacancy. Certain other information requested on your application is private and only to you or to governmental entities authorized access by law (MS15.165, Subd 2.) Private data contained above:

- NAME/SOCIAL SECURITY NUMBER (SSN): Used to identify you in relation to other applicants. You are legally required to provide your name but not your SSN. Failure to provide this information may result in a delay in processing or rejection of your application.
- LOCAL/PERMANENT ADDRESS/HOME TELEPHONE: Used to contact you regarding your application's status. You are not legally required to provide this information. Failure to provide this information may result in a delay in processing or notifying you of your application's status.
- LICENSE INFORMATION: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in your rejection as an applicant for these positions.
- CITIZENSHIP STATUS: Used to certify applicants for work in the United States as determined by laws of the United States Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application

***JOB APPLICANT DATA AUTHORIZATION / RELEASE FORM***

I, \_\_\_\_\_, am an applicant for a position with the City of New Germany.

I hereby authorize the New Germany Police Department (Carver County Police Department) and / or their designee to procure all information, oral and written, that may be required in connection with my employment application. I fully understand that the information required may include, but not be limited to, data reflected on or related to my education, employment, military, financial, arrest / conviction records, and any video and audio recordings concerning me. I further authorize the City and / or their designee to conduct a background investigation into my personal history.

I fully understand that the above-referenced background investigation may entail solicitation of information from, and may include contact with the Social Security Administration, all former and current employers, academic institutions, military agencies, financial institutions, law enforcement agencies, friends, relatives, and former and current neighbors.

I hereby consent to the release of any and all data, oral or written, regarding me that may be required by the City of New Germany and / or their designee and hereby expressly release any party providing said data from any and all liability. I further waive my right to have certain data protected from disclosure under any and all Federal or State statutory provisions to the extent I am authorized to do so.

I hereby authorize and grant my informed consent to permit you to make photocopies for the City of New Germany and / or their designee of data that concerns me and is in your possession.

In giving my consent, I understand that the data gathered shall be used for the limited purpose of evaluating my application with the City of New Germany. Upon collection, the data shall be subject to classification under the Minnesota Data Practices Act, and if classified as public, may be subject to release by the City of New Germany without my consent.

The City of New Germany requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

The original or copy of this authorization reflecting my signature is valid for a period of one year from the date below. I reserve the right to cancel this authorization prior to expiration by providing written notice to the City of New Germany, where I have applied.

\_\_\_\_\_  
Applicant's Printed Full Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Dated

TO: Bureau of Criminal Apprehension  
1430 Maryland Avenue E  
St. Paul, MN 55106 (651-793-2400)

Also Send: \$15.00 Check &  
Stamped/Self Addressed Envelope

FROM: City of New Germany  
300 Broadway Street East  
PO Box 177  
New Germany, MN 55367-0177

**INFORMED CONSENT**

**Applicant Note:** The information contained herein is considered private data, and will be used only to determine your suitability for employment/or a volunteer position. Providing this information is strictly voluntary and you are not required by law to furnish any of the information requested herein. However, if you do not furnish it we may have trouble determining your suitability for employment. The information provided herein will be accessible only to you, pertinent staff of the City of New Germany, or as provided for by Minnesota Statutes.

**BCA Note:** The following person has applied for a job/or a volunteered position with the City of New Germany. The City of New Germany practices and procedures (and in some cases State Law) require that criminal history inquiries be made on applicants for employment in certain positions within the city.

**FULL NAME:** \_\_\_\_\_  
(first) (middle) (last) (other)

**Date of Birth** \_\_\_\_\_ **Sex** \_\_\_\_\_ **SS#** \_\_\_\_\_

I authorize the Bureau of Criminal Apprehension to disclose all information pertaining to my criminal history inquiry to the City of New Germany.

\_\_\_\_\_  
Signature of Applicant (must be notarized) Date

\_\_\_\_\_  
City Representative Date

STATE OF MINNESOTA)  
COUNTY OF CARVER )S.S.  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

BY: \_\_\_\_\_, Notary Public