

CITY OF NEW GERMANY

APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

The City of New Germany (the "City") is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee based on race, color, religion, creed, national origin or ancestry, sex, pregnancy or childbirth, maternity leave and related medical conditions, marital status, familial status, sexual orientation, status with regard to public assistance, membership or activity in a local commission, age, physical, sensory or mental disability, veteran or military status, genetic information, gender identity, arrest record, conviction record, military service, use or nonuse of lawful products off an employers' premises during nonworking hours, declining to attend meetings or participate in communications on religious or political matters, or any other legally recognized protected basis under federal, state, or local laws, regulations, or ordinances. The only exceptions to this prohibition are for bona fide occupational qualifications. The information collected by this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act, the Minnesota Human Rights Act, and other state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on the City. Please inform the clinic's personnel representative if you need assistance completing this application or to otherwise participate in the application process.

Your application will be active for 90 days. If you are not hired during that time period but wish to continue to be considered for available positions, you must complete a new application.

Upon employment, employees of the City may be required to have their picture taken or to provide the City with a picture of themselves.

GENERAL INFORMATION

Full Name _____			Date _____	
FIRST	MIDDLE	LAST		
Address _____				
STREET	CITY	STATE	ZIP CODE	
Contact Number (____)		Date available for work _____		
Alternate Contact Number (____)		Email (optional) _____		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(If hired, verification will be required consistent with federal law.)				
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(If no, you may be required to provide authorization to work.)				
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL)				
Driver's license number _____		State of issue _____		Expiration date: _____

POSITION INFORMATION

AN EQUAL OPPORTUNITY EMPLOYER

Position applied for: _____ Salary range expected (required) _____
 Applying for: Full-time Part-time Seasonal/Temporary

EDUCATION

Type of School	School Name and Location	Number of Years Completed	Diploma, Degree, or Certificate Received	Course of Study or Major
High School (or G.E.D. equivalent)		9 10 11 12/GED		
College or University		1 2 3 4		
Graduate School				
Vocational or Trade School				
Other				

BACKGROUND INFORMATION

During the past 10 years, have you ever been discharged, suspended, or asked to resign from any position?
 Yes No If yes, please explain. _____

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? Yes No If yes, specify name. _____

PERSONAL/PROFESSIONAL REFERENCES

List three personal/professional references (other than those listed as a current/former supervisor) that we may contact:

Name _____	Telephone No. () _____
Email Address _____	Type of Acquaintance _____
Name _____	Telephone No. () _____
Email Address _____	Type of Acquaintance _____
Name _____	Telephone No. () _____
Email Address _____	Type of Acquaintance _____

EMPLOYMENT RECORD

List all employment experience for the past ten years, starting with the most recent or present employer, including US military service or training. Using a separate section for each position, describe in detail all work experience including periods of unemployment. **You may include as part of your employment history any verifiable work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.**

Current Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____	Phone () _____ From _____ <div style="text-align: right; margin-right: 20px;">Month Year</div> To _____ <div style="text-align: right; margin-right: 20px;">Month Year</div>
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Primary responsibilities _____ _____	
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone () _____ From _____ Month Year To _____ Month Year
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone () _____ From _____ Month Year To _____ Month Year
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone () _____ From _____ Month Year To _____ Month Year

How did you learn about the position/the City? Check all that apply:

- City's website
 Recruiter
 Word of mouth
 Other
 Careers website or job board (Monster, Indeed, CareerBuilder, etc.)
 Social media (LinkedIn, Facebook, etc.)

Have you worked for the City before?

- Yes No If yes, at what location? _____ Job title: _____

Relatives of current employees of the City will not be hired if they would be working for, or directly supervising, a current employee/cannot work together in the same department or on the same team as a current employee. If you receive a conditional offer of employment, you may be asked to identify any relative who is a current employee of the City. For purposes of this policy, "relative" is defined as any person who is related by blood or marriage, or whose relationship with the employee is similar to that of people who are related by blood or marriage.

Have you signed or otherwise agreed to any non-solicitation, non-competition, or other similar post-employment restriction or agreement with your current or any prior employer? Yes No If yes, explain:

**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH
BEFORE SIGNING**

I understand, where permissible under applicable federal, state, and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment and must receive a negative result for illegal drug use before being permitted to commence work with the City.

_____ Initials

I understand, where permissible under applicable federal, state, and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with the City.

_____ Initials

I understand, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, credit history and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

_____ Initials

I understand employment with the City is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ Initials

I authorize the City and its representatives to contact my current and former employers (with the exception of my current employer, if I have marked "May we contact?" on page 3 of this application as "No"), schools, references, and other persons or organizations I have named in this application for the purpose of verifying the information I have provided. I release my current and former employers, schools, references, and other persons or organizations named in this application from any liability resulting from the information released. I authorize employers, schools, and other persons or organizations named in this application to provide any information or transcripts requested.

_____ Initials

I hereby certify that, if employed, my employment with the City will not conflict with, violate, breach, or result in default under, any contract, agreement, or understanding that I am a party to or am bound by, including any non-solicitation, non-competition, or other similar post-employment restriction or agreement I have with any current or former employer, other than the contracts, agreements, covenants, or understandings I have disclosed in this application, if any.

_____ Initials]

I understand and agree that, if hired, my employment will be at will, which means employment is for an indefinite period of time and may be terminated by myself or the City at any time, with or without cause, and with or without notice.

_____ Initials]

I certify that all of the above information is true and complete and I understand that any falsification or omission of information made by me may disqualify me from further consideration for employment or, if hired, may result in my termination at any time during the period of my employment, regardless of the amount of time that has passed.

_____ Initials

Note: An offer of employment is conditioned upon complying with the City's requirements including, but not limited to, signing a separate disclosure and consent form prior to any background check.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____

Date _____

TENNESSEN WARNING

Pursuant to the Minnesota Government Data Practices Act, you have the right to know:

A. THE PURPOSE AND INTENDED USE OF THE INFORMATION COLLECTED

1. The information we collect about you is classified by law as either public (anyone can see the information), private (only you can see the information), or confidential (you cannot see the information).
2. The purpose and intended use of this is to aid the City of New Germany, as the election administrator, in determining your qualifications to serve as an election judge.
3. The information will also be used in deciding whether you will be offered a position as election judge.

B. MAY YOU REFUSE OR ARE YOU LEGALLY REQUIRED TO SUPPLY THE INFORMATION WE ASK FOR? WHAT ARE THE CONSEQUENCES OF YOUR SUPPLYING OR REFUSING TO SUPPLY THE INFORMATION?

1. You have the right to refuse to supply the information requested and there is no legal requirement that you provide the information requested.
2. If you supply the information requested, it will aid the City in deciding whether you meet the essential qualifications.
3. If you refuse to supply the information requested, your application will not be complete and, as such, may disqualify you.

C. WHO HAS ACCESS TO THE PRIVATE AND CONFIDENTIAL INFORMATION WE COLLECT ABOUT YOU?

1. Individuals in the City's Office of the City of New Germany and individuals within the department seeking to fill the positions.
2. Individuals or agencies for which a state statute, federal law or the State Commission of Administration authorizes a new use or sharing of the information after you have been given this notice.

Unless otherwise authorized by state statute or federal law, government agencies with whom we share private or confidential information may also treat the information they receive as private or confidential.

Date

Signature

City of New Germany

Office of the Clerk

TO: City Attorney
Melchert, Hubert, Sjodin Law office
121 West Main
Waconia, MN 55368

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

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 inquires be made on applicants for employment in certain positions within the city.

FULL NAME: _____
(first) (middle) (last) (other)

Date of Birth: _____ **Sex** _____ **SS#** _____
(Optional)

I authorize the New Germany's City Attorney to disclose all information pertaining to my criminal history inquiry to the City of New Germany.

Signature of applicant – (must be notarized) Date

STATE OF MINNESOTA
COUNTY OF CARVER) SS

Subscribed and sworn before me this _____ day of _____, 20____,

BY: _____
Notary Public

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