



City of Hanover
 11250 5th St NE
 Hanover, MN 55341
 763-497-3777 (p) 763-497-1873 (f)
 cityhall@ci.hanover.mn.us

Employment Application

1. Title of Position for Which You Are Applying _____ 2. Date of Application _____ 3. Date Available to Work _____

4. Last Name _____ First Name _____ Middle Name _____

5. Street Address _____ 6. City _____ 7. State & Zip Code _____

8. County _____ 9. Home Phone _____ 10. Cell Phone _____ 11. Preferred Phone _____

12. Are you at least 18 years old? _____ Yes _____ No
 13. Are you a citizen of the United States or otherwise authorized to work in the United States? _____ Yes _____ No

14. Do you have any relatives working for the City? _____ Yes _____ No
 15. If Yes, relationship? _____

16. Employment Condition Desired:
 (Check one) (Check one)
 ___ Regular ___ Full Time
 ___ Seasonal ___ Part Time
 17. Have you previously been employed by the City?
 ___ Yes ___ No
 If yes, dates _____ Position _____

18. Education:

TYPE OF SCHOOL	NAME & ADDRESS	DID YOU GRADUATE?	DEGREE/MAJOR AREA OF STUDY
High School			
College or University			
College or University			
Vocational/Technical			

Applicant Name: _____

Date: _____

19. Employment History:

Present or Last Employer	Supervisor Name and Title	Phone
Position Held		Current Salary
Specific Responsibilities		Dates Worked May we Contact? ___ Yes ___ No If no, explain _____
Reason for Leaving		
Second to Last Employer	Supervisor Name and Title	Phone
Position Held		Current Salary
Specific Responsibilities		Dates Worked May we Contact? ___ Yes ___ No If no, explain _____
Reason for Leaving		
Third to Last Employer	Supervisor Name and Title	Phone
Position Held		Current Salary
Specific Responsibilities		Dates Worked May we Contact? ___ Yes ___ No If no, explain _____
Reason for Leaving		

Applicant Name: _____

Date: _____

20. Trade/professional licenses or certificates: Please include date issued and expiration.

21. Skill Trade Experience: Please list any machinery or equipment you've operated and the number of years of experience you have operating each one.

22. Office Equipment/Computer Software Programs: Please list the office equipment and computer software that you operate proficiently and the number of years of experience you have with them.

23. Continuing Education/Training: List any pertinent coursework and training related to the position for which you are applying. Include the title and date.

24. Military: If you served in the United States Armed Forces and wish to claim Veteran's Preference, please complete and submit the **Veteran's Preference Application Form**.

25. References: Please provide the names of three persons as references (not related to you) who can testify to your qualifications and character.

NAME AND OCCUPATION	ADDRESS	PHONE AND E-MAIL

Applicant Name: _____

Date: _____

NOTICE TO APPLICANT – DATA PRIVACY

The information you supply on this employment application will be used to assess your qualifications for the position for which you are applying. You are not legally required to provide the information, but we will not be able to consider your application without it. The information is requested to distinguish you from other applicants; to identify you in our employment files; to determine if you meet the minimum qualifications of the position for which you are applying; and to contact you for employment interviews. Completion of the supplementary "Veteran's Preference Points Application Form" are voluntary and no adverse consequences will result if you do not complete it.

The following information on this application is private data on individuals pursuant to the Minnesota Government Data Practices Act: your name, home address, home phone number, and citizenship status. This information is available only to you, city employees who have a need for it, and persons, organizations and governmental agencies if they have statutory or judicial authority to gain access. If you are certified as eligible for an employment vacancy, your name will become public data. If you are hired, all information you supply on the application will become public, except your home street address, home phone number and citizenship status.

APPLICANT'S STATEMENT

I have read the "Notice to Applicant" regarding the MN Data Practices Act and understand my rights as a subject of data. I understand that if I'm a finalist, a criminal background check and, if applicable, a driver's license record check, will be conducted in connection with my application. Any criminal history or moving violations, in the case of a driver's record, will be reviewed in light of the specific requirements of the position applied for. In addition, I understand that if offered a position, depending upon the position, I may be required to pass a drug/alcohol screening, a psychological examination, or a physical examination at the City's expense. If the City intends to conduct any of the above-described background checks or health screenings, the City will provide a separate authorization form for your signature prior to taking any action.

I certify that all the information provided on this application is true and I understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, dismissal from employment upon discovery of the information.

By signing this form, I hereby acknowledge I have read the above statements. I understand that this authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

Signature

Date