



City of Hanover
 11250 5th St NE
 Hanover, MN 55341
 763-497-3777 (p) 763-497-1873 (f)
 cityadmin@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		
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		
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		
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



Veteran's Preference

Complete this form only if you are a Veteran and are claiming Veteran's Preference

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at (612) 348-3300.

The City of Hanover awards preference points to qualified applicants for a competitive position in accordance with Minnesota Statutes. To be considered for veteran's preference, claims must be made on the form below and submitted with your application by the deadline of the position for which you are applying. If your DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

NAME (LAST) (MIDDLE) (FIRST) M				SOCIAL SECURITY NUMBER		POSITION FOR WHICH YOU APPLIED	
ADDRESS (STREET) (CITY) (STATE) (ZIP)				HOME PHONE NUMBER		CELL PHONE NUMBER	

ACTIVE DUTY INFORMATION

Have you served on active military duty without interruption

for 181 days or more or for the full period called, or ordered to active duty? YES NO

Type of Separation..... Honorable Medical Other

FOR DISABLED VETERANS: *(Letter from VA of proof of disability must be submitted to receive points.)*

Percent of Disability: %

Permanent? YES NO

Existing? YES NO

FOR SPOUSES OF DECEASED VETERANS: *(NOTE: A PHOTOCOPY of marriage certificate and spouse's death certificate must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)*

Date of Death:

Have you remarried? YES NO

FOR SPOUSES OF DISABLED VETERANS: *(NOTE: A PHOTOCOPY of marriage certificate and letter from VA of proof of disability must be submitted to receive points.)*

Spouse's Present Occupation:

AFFIDAVIT: *I hereby claim Veteran's Preference for this application and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veterans Administration to release information necessary to process this application to the City of Hanover.*

 Signature

 Date



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The City of Hanover, MN may obtain information about you from a third party consumer reporting agency (CRA) for employment purposes. This information may be obtained in the form of a “consumer report” and/or an “investigative consumer report” (commonly known as a “background report”). These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), credit history*, verification of your education or employment history, drug screening or other background checks. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses and educational institutions. The reports may also include information about your character, general reputation, personal characteristics, mode of living, etc., which can involve personal interviews with individuals or companies that you have listed as a reference, former employer, etc. A more comprehensive background investigation may be required pursuant to state or federal law, contract agreement or for certain sensitive positions (such as those with significant financial responsibilities). (*Please note that credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.)

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of any investigative consumer report obtained with regard to applicants for employment is an investigation conducted by FSSolutions.

FSSolutions can be contacted via mail, phone or email at:

FSSolutions
1192 Hansen Road Ste 100
Green Bay, WI 54304
Phone: 855.610.9373
backgrounds@fssolutions.com

Signature: _____ Date: _____



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled “Disclosure Regarding Background Investigation” and “A Summary of Your Rights under the Fair Credit Reporting Act” and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, or status as an Advisor, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all drug screening and background information requested by FSSolutions 1192 Hansen Road Ste 100 Green Bay, WI 54305 855.610.9373, www.firstsourcesolutions.com and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only:

Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants only:

Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person’s presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.



BACKGROUND INFORMATION

Last Name _____ First _____ Middle _____

Other Names/AliasesUsed _____

Social Security Number* _____ Date of Birth* ____ - ____ - ____

Driver's License Number _____

State of Driver's License _____ Driver's License Expiration Date ____ - ____ - ____

Current Address _____

City _____

State _____ Zip _____

Previous Address(es) (within last 7 years)
**attach additional pages if needed*

City _____

State _____ Zip _____

Phone Number _____

Email Address _____

Signature _____ Date _____

*This information will be used as identification for background screening purposes only and will not be used as hiring criteria.

**A copy of your Driver's License will be required to complete the background investigation.