

Notice To All Applicants



Your Rights As A Subject Of Data

(PLEASE READ THIS IMPORTANT INFORMATION)

In accordance with the Minnesota Government Data Practices Act we must inform you of your rights as a subject of data.

The data you give us about yourself is needed to identify you and assist in determining your suitability for the position(s) for which you are applying.

Ethnicity, gender and disability data are used in summary form to monitor protected class employment and to meet federal, state and local reporting requirements.

You are not legally required to supply any of the data we ask for on the application. However, if you choose to withhold data (other than ethnicity, gender and disability) we cannot consider you for employment. If you do provide the data, your application will be considered, and if you are employed, the data you have given us will become part of your employee record.

The data we collect about you is classified by Minnesota State Law as either PUBLIC or PRIVATE. "Public" means that it is available to anyone who asks to see it. "Private" means that the data is only available to the person the information is about and to staff who must see it in the normal course of conducting City of Minneapolis business, and as otherwise provided for by law. Data collected on, or in response to, this employment application that is classified "Private" may be shared with City personnel who determine your suitability for the position(s) for which you apply. It may be shared with a labor union, if applicable; with the Public Employee Retirement Association (PERA) or other organizations at your request, or in legal defense of the City.

The following data which the City of Minneapolis collects on you as an applicant is "Public".

1. Veteran status
2. Test scores
3. Rank on Eligible List
4. Job history
5. Education and training
6. Work availability

Your NAME is considered PRIVATE UNTIL you are CERTIFIED AS ELIGIBLE FOR APPOINTMENT to a vacancy or considered to be a finalist.

Please review your application to ensure that you have completed all sections. Although you are not required to complete the demographics section, we are requesting this data to help us measure our diversity efforts.

Be advised, any information you provide as an applicant or employee during your service with the City of Minneapolis, may be used by the City for a variety of purposes under human resources rules, collective bargaining agreements or as required by law. This includes, but is not limited to, performance appraisals and discipline.

If you have any questions regarding your rights as a subject of data please contact:

Minneapolis Human Resources Department
Public Service Center
250 South Fourth Street
Suite 100
Minneapolis, Minnesota 55415-1339
(612) 673-2282

Minneapolis Elections Department Application For Employment



IMPORTANT EMPLOYMENT APPLICATION INSTRUCTIONS - PLEASE READ

1. Read the Job Announcement carefully to be sure that you meet ALL of the requirements.
2. Your application must be filled out completely (including supplements). Incomplete applications will disqualify you from further consideration.
3. Do not state "see resume" when asked to describe your responsibilities and experience. Your qualifications will be evaluated based on information provided on the application materials.
4. Be sure to include proof of education, licenses, certificates, training and veteran's eligibility (if required). Originals need not be submitted.
5. Some positions/jobs with the City of Minneapolis require a criminal background check. If the position you are applying for requires a criminal background check, you will be asked to supply information regarding your criminal history (if applicable) at a later stage in the employment process.
6. Mail or fax application directly to Minneapolis Elections Department. We are currently not accepting online applications.

Last Name:

First Name:

Middle Name:

Social Security Number (optional):

City Employee Number (if current employee):

Are you either a U.S. Citizen or legally eligible to hold employment in the United States? Yes No

Would you, in any of your education or experience, be known under another name? No Yes If yes, under what name(s)?

Current Address

Apartment or Unit Number

City

State

Zip

Home Phone ()

Business Phone ()

Other Phone Number (i.e. Cellular) ()

E-mail Address

Job Title

REFERRAL SOURCE: Where did you learn that this position was open for application? Please check one referral source.

City Department or Employee (which one?)

Newspaper (which one?)

Other media (which one?)

Job Fair Hotline Walk-In

City of Mpls Website

Community Agency (which one?)

Other Website (which one?)

School/University/College (name of educational facility)

Any other:

PREVIOUS EMPLOYMENT: Have you ever been employed by any of these organizations? Please check all that apply.

City of Minneapolis

Start Date:

End Date:

Minneapolis Park Board

Start Date:

End Date:

Minneapolis Public Library

Start Date:

End Date:

RETURN TO: Minneapolis Elections Department, 350 South 5th Street, Room 1B, Minneapolis, MN 55415-1396 Fax (612) 673-2756

EMPLOYMENT HISTORY

LIST YOUR EMPLOYMENT HISTORY FOR THE LAST 7 YEARS BEGINNING WITH YOUR MOST RECENT EMPLOYMENT

Do not state "see resume" when asked to describe your responsibilities and experience. Your qualifications will be evaluated based on information provided on the application materials.

If you are currently working, may we contact your current employer? YES NO

Current or Most Recent Employer	Start Date (mm/dd/yy)	End Date (mm/dd/yy)
Address		
City	State	Zip
Phone Number		
Your Job Title	Average Hours Worked Per Week:	
Reason for Leaving	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (explain)	
Please provide a brief description of your specific job duties		

Employer	Start Date (mm/dd/yy)	End Date (mm/dd/yy)
Address		
City	State	Zip
Phone Number		
Your Job Title	Average Hours Worked Per Week:	
Reason for Leaving	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (explain)	
Please provide a brief description of your specific job duties		

Employer	Start Date (mm/dd/yy)	End Date (mm/dd/yy)
Address		
City	State	Zip
Phone Number		
Your Job Title	Average Hours Worked Per Week:	
Reason for Leaving	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (explain)	
Please provide a brief description of your specific job duties		

ADDITIONAL INFORMATION

EDUCATION:

What is the highest level of education you have attained?

Degree _____ Graduated YES NO If no, year expected to graduate _____

Major/Course of Study _____ School _____

Degree _____ Graduated YES NO If no, year expected to graduate _____

Major/Course of Study _____ School _____

TRAINING: List any additional training you have received in the last seven years.

LICENSES & CERTIFICATES: List your licenses or certificates. Include 1) issue date 2) license number 3) issuing organization 4) expiration date 5) state in which it was issued. If license or certificate is required for this position, please provide a legible photocopy with your application materials.

LANGUAGE SKILLS:

Please indicate your proficiency in English and whether it is your primary language. If you are multilingual, please list the additional language(s) that you are able to translate, speak, read and/or write. (The hiring department may request a test to verify this information.)

Language: English Is English your primary language? Yes No

Speak: High Moderate Low

Read: High Moderate Low

Write: High Moderate Low

Other Language: _____ Able to Translate to English YES NO

Speak: High Moderate Low

Read: High Moderate Low

Write: High Moderate Low

If you have additional languages, please describe and give level of proficiency:

IMPORTANT INFORMATION - READ THE FOLLOWING STATEMENTS CAREFULLY AND BE SURE TO SIGN THIS APPLICATION

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am hired.
2. I authorize the City of Minneapolis to verify this information to determine whether or not I am qualified for positions for which I am applying.
3. I hereby authorize all current and previous employers to release job-related information upon the request of the City of Minneapolis.

Signature _____

Printed Name _____

Date _____

VETERAN'S PREFERENCE AND CONFIDENTIAL INFORMATION FORM

ELIGIBILITY REQUIREMENTS: To qualify for preference on a **Competitive Exam**, you must have been separated, under honorable conditions, from any branch of the armed forces of the United States after having served 181 consecutive days of active duty or by reason of disability incurred while on active duty and be a United States Citizen or resident alien. One may also be the spouse of a qualified, deceased veteran or the spouse of a disabled veteran where the veteran, because of a service-related disability, is unable to perform the job for which the spouse is applying. To qualify for preference on a **Promotional Exam**, you must be entitled to a disability compensation for a service-connected disability rated fifty (50%) percent or more. Persons who meet the criteria for qualifying for promotional Veteran's Preference may use it only for their first promotion after securing employment with the City of Minneapolis.

Name of Veteran (Last, First, Middle):

Social Security Number:

Type of Separation: Honorable Medical Other (Specify)

Yes No Did you serve on active military duty for 181 consecutive days or more in any branch of the U.S. Armed forces?

Yes No Have you met the minimum active duty requirement as defined by 38 C.F.R. 3.12a?

Yes No Do you have active military service that is certified by the United States Secretary of Defense as active military service and a discharge under honorable conditions? (Reference: 38 U.S.C. 401)

Yes No Have you ever been promoted while working for the City of Minneapolis and claimed Veteran's Preference?

Yes No Do you currently have a service-connected disability? Percentage of service-connected disability: _____%
(Please attach letter from V.A. office with percentage.)

FOR SPOUSE OF DECEASED VETERAN

Yes No Were you the spouse of a veteran on the date of the veteran's death?

Date of veteran's death: ____ / ____ / ____ (Attach a copy of the marriage license and veteran's death certificate.)

FOR SPOUSE OF DISABLED VETERAN WITH SERVICE-RELATED DISABILITY

Yes No Is your spouse unable to perform the job for which you are applying because of a service-related disability?
(Attach a copy of the marriage license and a letter verifying the percentage and nature of the disability.)

SIGNATURE AND DATE IF APPLYING FOR VETERAN'S PREFERENCE

I hereby claim Veteran's Preference for this examination and swear/affirm that the information given on this document is true and correct.

Signature

Printed Name

Date

NOTE: A photocopy of your DD214 which shows type of separation and amount of active service must accompany this claim sheet. For assistance in obtaining a copy of your DD214, contact Veterans' Service Office at (612)348-3300

NEPOTISM POLICY: Declaration of Relationship with current City Employee(s).

Do you have any related persons* (see definition below) who currently work for the City of Minneapolis? YES NO

If "Yes" state who and the Department in the City where they work:

Name of Employee

Department

Name of Employee

Department

***Related** person means a person in a marital relationship, a domestic partner relationship, other committed relationship, or a significant familial relationship** with you.

****Significant familial relationship** means:

- 1) By blood or adoption: parent, child, grandparent, grandchild, brother, sister, half-brother, half-sister, uncle, aunt, nephew, niece, first cousin.
- 2) By marriage: husband, wife, stepparent, stepchild, stepbrother, stepsister, brother-in-law, sister-in-law, father-in-law, mother-in-law, son-in-law, daughter-in-law, uncle, aunt, nephew, niece. Divorce terminates a significant familial relationship by marriage.

Signature

Printed Name

Date

(Continued on back)

Required: Major Political Party Declaration

Due to major political party balance requirements of *Minn. Stat. § 204B.19, Subd. 5*, no more than half of the election judges serving on the Health Care Judge Team or the Absentee Ballot Board may be members of the same political party. Minnesota Statutes also require that some tasks are done by two election judges of different major political parties. *Minn. Stat. § 200.02 Subd. 17* defines "member" as an individual who

- Supports the general principles of that party's constitution
- Voted for the majority of that party's candidates in the last general election OR
- Intends to vote for a majority of that party's candidates in the next General Election.

Declare your political party affiliation using the above definition. If you indicate "Other", the opportunities for you to serve may be limited.

- Democratic Farmer Labor
- Independence
- Republican
- Other

Signature

Printed Name

Date

VOLUNTARY CONFIDENTIAL INFORMATION

The following information is not required. This information is used solely to track and improve the effectiveness of the City's Diversity and Government Compliance reporting efforts. While we encourage you to provide this information, it is strictly voluntary.

Gender: Female Male Age 18 or Older

ETHNIC GROUP (If you are multi-racial, please select one race you most closely identify with)

- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America who are enrolled members of Indian Tribes or are descendants of enrolled members to the first or second degree (a parent or grandparent) or who are recognized as Indian by the Secretary of Interior.
- Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- Black:** All persons having origins in any of the Black racial groups of Africa.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- White:** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Do you require any testing accommodations? Yes No If yes, indicate the type of accommodation required.

Signature

Printed Name

Date