

**City of Minneapolis Human Resources Department  
250 South 4th Street, Room 100  
Minneapolis, MN 55415-1339**

**HIRE FORM**

<b>HIRE DATE (Start Date)</b>	<i>Please read the Notice of Your Rights as a Subject of Data, which is either attached to or printed on the back of this form.</i>
-------------------------------	---

**PERSONAL INFORMATION** PATH: Workforce Administration/Personal Information/Biographical/Add a Person

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>		
<b>Date of Birth</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single	<b>Social Security Number</b>	
<b>Apartment Number</b>	<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phones (Include Area Code)</b> ( ) ( )	
<b>Race/Ethnic Group</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic		<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one Race (Multiracial)	<b>Veteran</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Disabled</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>I-9 Verification</b> <input type="checkbox"/> Citizen of USA <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Employment Visa <input type="checkbox"/> Noncitizen National of USA

**JOB INFORMATION** PATH: Organizational Relationships Tab/Add Job Data

<b>Employee ID</b>	<b>Is this a Permanent Hire?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If temporary, indicate expected Job end date</b>			
<b>Position Number</b>	<b>Business Unit</b> <input type="checkbox"/> MPLMN <input type="checkbox"/> Other	<b>Department</b>	<b>Location</b>	<b>Establishment ID</b> MPL	
<b>Job Code</b>	<b>Job Title</b>				
<b>Regular/Temporary/Seasonal Status</b> <input type="checkbox"/> Regular (Permanent) <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal					
<b>Hours Status</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Intermittent			<b>Officer Code</b> <input type="checkbox"/> Non-Sworn <input type="checkbox"/> Sworn (Fire & Police only)		
<b>Empl Class</b> <input type="checkbox"/> Certified (Civil Service) <input type="checkbox"/> Uncertified Other <input type="checkbox"/> Outside Trades		<input type="checkbox"/> Appointed <input type="checkbox"/> Charter Department Head <input type="checkbox"/> Elected <input type="checkbox"/> Ancillary	<b>Requires SEI (Statement of Economic Interest)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		

<b>Standard Hours/Week</b>	<b>FICA Status</b> <input type="checkbox"/> Exempt <input type="checkbox"/> Medicare Only <input type="checkbox"/> Subject	<b>Union Code</b>	<b>Classified Indicator</b> <input type="checkbox"/> Classified (City, Park & Library) <input type="checkbox"/> Grant Employee <input type="checkbox"/> Legislative Appointment <input type="checkbox"/> Permit <input type="checkbox"/> Political Appointment <input type="checkbox"/> Temporary (Non-Permit) <input type="checkbox"/> Unclassified		
----------------------------	---	-------------------	--	--	--

<b>Pay Group</b>	<b>Salary Plan</b>	<b>Salary Grade</b>	<b>Salary Step</b>	<b>Compensation Rate</b> \$ .
------------------	--------------------	---------------------	--------------------	----------------------------------

**JOB EARNINGS DISTRIBUTION**

Percent	Earn Code	Fund (5)	Department (7)	Task (8)	Project (15 or Less)	Combo Code (35 or Less)	Activity (15 or Less)
	REG						
	REG						
	REG						

**Length of Probation** (Remember to check the Labor Contract and/or Civil Service Rules)  
 None  3 Month  6 Month  12 Month  Other

<b>Tax Withholding (From W-4)</b>	<b>Fed Status</b>	<b>Fed Withholding Allowances</b>	<b>State Status</b>	<b>State Withholding Allowances</b>
-----------------------------------	-------------------	-----------------------------------	---------------------	-------------------------------------

<b>Approved by:</b>	<b>Date</b>	<b>Entered in HRIS By</b>	<b>Date</b>
---------------------	-------------	---------------------------	-------------

## Hire Form - Part 2 (Supplemental Information)

<b>Employee ID or Social Security Number</b>		<b>Employee Name</b>			<b>Hire Date (Start Date)</b>	
<b>MAILING ADDRESS (If different from home address (Optional))</b> Panel: Workforce Administration/Personal Information/Modify a Person /Contact Information						
Street Address		Apt #	City		State	Zip
<b>ADDITIONAL OR FORMER NAME (Optional)</b> Panel: Workforce Administration/Personal Information/Biographical/Additional Names						
Name Type (such as "Preferred" "Maiden" "Former" "Legal" etc.)		Name Part: <input type="checkbox"/> Full <input type="checkbox"/> Last <input type="checkbox"/> First		Name		
<b>EMERGENCY CONTACT – PRIMARY</b> Panel: Workforce Administration/Personal Information/Personal Relationships/Emergency Contact						
Contact Name (Last Name, First Name)			Relationship to Employee		Same address & phone number as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Apt #	City		State	Zip
Phone Numbers  (Indicate Type such as Cell, FAX, Business, etc.)	Home Phone		Area Code		Phone Number	
	Other Phone: Type:		Area Code		Phone Number	
<b>EMERGENCY CONTACT - ADDITIONAL (Optional)</b> Panel: Workforce Administration/Personal Information/Personal Relationships/Emergency Contact						
Contact Name			Relationship to Employee		Same address & phone number as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Apt #	City		State	Zip
<b>Phone Numbers</b>	Home Phone		Area Code		Phone Number	
	Other Phone: Type:		Area Code		Phone Number	
<b>DRIVER'S LICENSE INFORMATION</b> Panel: Workforce Administration/ Personal Information/ Biographical/Driver's License Data						
Driver's License Number		Type of License <input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Truck <input type="checkbox"/> Chauffeur		State Where Issued	Endorsements	Expiration Date
<b>ENTERED IN HRIS BY</b>				<b>DATE ENTERED:</b>		<b>PHONE:</b>

**Distribution: Original:** Department Personnel File      **Copy:** Employee

**NOTICE TO NEW HIRES: YOUR RIGHTS AS A SUBJECT OF DATA  
(PLEASE READ THIS IMPORTANT INFORMATION)**

**YOUR RIGHTS AS A SUBJECT OF DATA**

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

Some of the information required on the attached Hire Form is classified as private data under the Government Data Practices Act. We need this information in order to process your payroll and benefits and to maintain employment records as required by the City Charter.

Social Security Number is required as an identifier for payroll processing, tax withholding and reporting, processing benefits to which you are entitled, and maintaining employment history records as mandated by the City Charter and other laws. Your address is required so that your paycheck or direct deposit notice can be mailed to you. Your home phone number may be used to contact you if necessary. Your Date of Birth is required for benefits and pension administration. Emergency Contact information is requested (but not required) to allow us to quickly contact the person(s) you designate in case of an emergency. Your Driver's License information may be required if you will be driving City vehicles. Data requested for the Employment Eligibility Verification Form I-9 is required by federal law.

You are not legally required to supply race, gender, age, and disability data. If you supply that information, it will be used in summary form to monitor protected class employment and to meet federal, state and local reporting requirements.

If you choose to withhold essential data (other than race, gender, age, disability, phone numbers or emergency contacts) we may not be able to process your hire.

The data we collect about you is classified 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 (you) 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, your hire that is classified "Private" may be used by City of Minneapolis Human Resources and supervisory personnel who require access to the information in order to perform their job functions. It may be shared with a labor union, if applicable, with the Public Employee Retirement Association (PERA) or other organizations at your request. It may also be shared as required by current or future laws.

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

Name, actual gross salary, salary range, contract fees, actual gross pension, the value and nature of employer-paid fringe benefits, the basis for and amount of any added compensation (such as expense reimbursements), job title, job description, your education and training background, previous work experience, the dates of first and last employment, your work location, work phone number, badge number, honors and awards received, payroll timesheets and other comparable data used only to account for your work time for payroll purposes (except to the extent that release of timesheet data would reveal the reasons for your use of sick leave, medical leave or other non-public data). Any information collected that is not classified as public (see above) is considered non-public, private or confidential. Some information regarding disciplinary actions is public depending on the status and results of the situation. When requests are received regarding disciplinary actions, City staff contacts the City Attorney's Office for clarification of what information is public.

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:

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

**Confidential Data Form - Human Resources Department**

**Note: To Be Completed By New Employees**

**Form Purpose:** The City of Minneapolis has an Equal Employment Opportunity policy that includes diversity reporting requirements. Thus we ask that you complete the information requested on this form. Knowledge of your race, ethnicity, gender, age, disability status are necessary for monitoring the effectiveness of the programs implemented to fulfill this policy and to ensure compliance with Federal reporting requirements. Employees who do not identify their race or ethnic origin will be considered non-minority on future EEO reports. Those who do not denote their gender will be classified as male or female based on their name and/or by sight. This information will only be used for diversity purposes and will be maintained in a **confidential file**.

Name:	Employee #:
Department:	Start Date:
Job Title:	Telephone #:

**I. GENDER – Check One:**

Male                       Female

**II. RACE/ETHNIC IDENTIFICATION – Check the one that best identifies you:**

**American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Asian** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent.

**Black or African-American** - All persons having origins in any of the Black racial groups of Africa.

**Hispanic** - All persons of Cuban, Mexican, Puerto Rican, Central and South America, or other Spanish culture or origin (regardless of race).

**Native Hawaiian or Pacific Islander** - All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White** - All persons having origins in any of the peoples of Europe (including Spain), North Africa or the Middle East.

**More than one Race (Multiracial)** - All persons having origins in two or more of the federally designated racial categories.

**III. DISABILITY STATUS:**

A. Do you consider yourself to be legally disabled?       NO     YES

B. If yes, do you require an accommodation?               NO     YES

*Please return completed form to:*

**City of Minneapolis Human Resources Department  
Division of Employment, Development and Diversity  
250 South 4<sup>th</sup> Street, PSC - Room 100  
Minneapolis, MN 55415-1339  
Questions: (612) 673-2282**