

NOTICE TO APPLICANT

The Minnesota Government Data Practices Act (Minnesota Statutes 13.01-13.88) has two sections that affect applicants seeking employment with the City of Fridley.

- A. First, under "Rights of Subjects of Data" (MN 13.04), when an applicant is asked to provide personal data, the City must advise you of:
- 1) The purpose and intended use of the data;
 - 2) Whether you may refuse or are legally required to supply the requested data;
 - 3) Any known consequence arising from your supplying or refusing to supply the data; and
 - 4) The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.
- B. Second, under "Personnel Data" (MN Statute 13.43), the following data as an applicant for employment by a public agency is automatically public:
- 1) Your veteran's status;
 - 2) Your job history;
 - 3) Your education and training;
 - 4) Your relevant test scores;
 - 5) Your rank on our eligibility list; and
 - 6) Work availability.
- C. As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment. If you are hired, the following additional data about you will be public:
- 1) Your name;
 - 2) Your city and county of residence;
 - 3) Your actual gross salary, salary range and actual gross pension;
 - 4) Your value and nature of employer paid benefits, including the basis for and the amount of any added remuneration of your salary;
 - 5) Your job title and job description;
 - 6) The dates of your first and last employment with us;
 - 7) The status of any written complaints or charges against you while you work for the City of Fridley and whether or not they resulted in disciplinary action;
 - 8) Your work location and work telephone number;
 - 9) Your education and training background;
 - 10) Honors and awards you have received;
 - 11) Time sheets or other comparable data that are only used to account for your work time for payroll purposes; and
 - 12) Your previous work experience.

All data concerning you which is placed in your personnel file and which is not listed above is private data. This private data will be available to you and to those members of City staff needing it to process City records. In addition, the following persons or organizations are authorized by State and Federal law to receive this data if they so request:

- 1) The Bureau of Census
- 2) Federal, State and County Auditors
- 3) The State Department of Public Welfare
- 4) The Department of Human Rights
- 5) Federal Officials investigating compliance of Equal Employment Opportunities
- 6) Labor Organizations and the Bureau of Mediation Services
- 7) Data may also be made available through court order.

The data you provide is needed to identify you and to assist in determining your suitability for the position for which you are applying.



Employment Application

CITY OF FRIDLEY

6431 University Ave. NE - Fridley, MN 55432
 Phone: 763-571-3450 Fax: 763-502-4971
 TTY: 763-572-3534
 Website: www.ci.fridley.mn.us

We welcome your application for employment. Please provide us with complete information so that we may give you full consideration of your application. Depending on the position, you may be asked to complete an additional questionnaire or supply us with further information.

The City of Fridley is an Affirmative Action Employer. It is our policy to provide equal employment opportunities to all who apply or who are employed at the City of Fridley. The City of Fridley does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, disability, age, marital status, or status with regard to public assistance. Individuals are evaluated and selected on the basis of merit.

PLEASE NOTE: Please complete the application thoroughly. "See resume" is not an acceptable response for any entries on this application. Candidates will be ranked only on the information submitted in this application. Resumes and other supplemental materials will be considered in addition to, but not in lieu of this application.

PERSONAL INFORMATION				
Last Name:	First Name:	Middle:		
Present Address:	Street:	City:	State:	Zip Code:
Permanent Address (if different):	Street:	City:	State:	Zip Code:
Phone Numbers:	Home:	Work:	Cell:	
E-mail Address:				
WORK PREFERENCE				
Title of the position in which you are applying:				
Category of Position: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal or Temporary <input type="checkbox"/> Paid, On-Call Firefighter <input type="checkbox"/> Other _____		What days and hours are you available to work?		
FOR INTERNAL USE ONLY				
Date Received	Action		Notification	

EDUCATION AND TRAINING

Please circle the highest grade you have completed:

High School
9 10 11 12College
13 14 15 16Graduate School
1 2 MA PhD JD

Name and Location of High School (most recent):

Did you graduate or receive a
GED: Yes No **SCHOOLS**

TYPE	NAME & LOCATION	DEGREE RECEIVED?	MAJOR/MINOR
College			
College			
Graduate			
Vocational			
Other			

ADDITIONAL TRAINING RECEIVED

Please summarize any or all related course work or training you have received which may be relevant to this position (you may attach a separate page or summary):

PROFESSIONAL LICENSES OR CERTIFICATIONS

What trade or professional licenses or certificates do you currently hold? (Please attach a copy of each relevant license, if required for the position).

RELATED ACTIVITIES AND PROFESSIONAL MEMBERSHIPS

Please describe any relevant memberships in professional, civic, social organizations or trade associations (past or present) in which you have been involved. Include any responsibilities or achievements/awards, along with any offices you have held or received. Exclude the name of the organization, which may indicate age, race, creed, religion, color, gender, sexual orientation, national origin, marital status, political affiliation, membership or activity in a local human rights committee, or disability in their name or character.

**COMPLETE ENTIRE APPLICATION THOROUGHLY -
DO NOT WRITE "SEE RESUME"**

EMPLOYMENT HISTORY - List most present employer first

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Employer (Name):		Employer's Address:	
Your Job Title:			
Dates Employed From: To:		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other <input type="checkbox"/>	Most Recent Rate of Pay:
Supervisor's Name and Title:		Supervisor's Phone Number:	
Describe the duties you perform (be as specific as possible):			
What is your reason for leaving or seeking a change:			

NEXT EMPLOYER

Employer:		Employer's Address:	
Supervisor Name and Title:		Supervisor's Phone Number:	
Your Job Title:	Dates Employed From: To:	Pay Rate:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other <input type="checkbox"/>
Duties Performed:			
Reason for Leaving:			

NEXT EMPLOYER

Employer:		Address:	
Supervisor Name and Title:		Telephone Number:	
Your Job Title:	Dates Employed From: To:	Pay Rate:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other <input type="checkbox"/>
Duties Performed:			
Reason for Leaving:			

EMPLOYMENT HISTORY ~ Continued**NEXT EMPLOYER**

Employer:		Address:		
Supervisor Name and Title:		Supervisor's Phone Number:		Full-time <input type="checkbox"/>
Your Job Title:	Dates Employed From: To:	Pay Rate:		Part-time <input type="checkbox"/>
				Other <input type="checkbox"/>

Duties Performed:

Reason for Leaving:

NEXT EMPLOYER

Employer:		Address:		
Supervisor Name and Title:		Supervisor's Phone Number:		Full-time <input type="checkbox"/>
Your Job Title:	Dates Employed From: To:	Pay Rate:		Part-time <input type="checkbox"/>
				Other <input type="checkbox"/>

Duties Performed:

Reason for Leaving:

NEXT EMPLOYER

Employer:		Address:		
Supervisor Name and Title:		Supervisor's Phone Number:		Full-time <input type="checkbox"/>
Your Job Title:	Dates Employed From: To:	Pay Rate:		Part-time <input type="checkbox"/>
				Other <input type="checkbox"/>

Duties Performed:

Reason for Leaving:

ADDITIONAL RELATED EXPERIENCES

Please list any other employment experience or volunteer work you performed that you think is relevant to the position in which you are applying and will assist us in making a determination based on your qualifications.

PLEASE ANSWER ONLY IF RELEVANT TO THE POSITION IN WHICH YOU ARE APPLYING

What computers and software applications do you operate or feel you are proficient in operating?

Other than a computer, what office machines do you operate or feel you are proficient in operating?

What other kinds of equipment do you operate that would relate to the position? (Attach a separate list if necessary.)

What other information about your skills, training, or education can you provide which would be helpful for us to know when considering your application? (Please list only those items which are relevant to the position.)

GENERAL INFORMATION AND BACKGROUND CHECKS

Are you authorized to work in the U.S. on an unrestricted basis and can produce sufficient documentation up employment?

Are you over the age of 18?

Yes No

Yes No

What day(s) and hours are you able to work?

When Are You Available to start?

COMPLETE IF POSITION REQUIRES A VALID DRIVER'S LICENSE

Do you possess a valid driver's license?

Please check which licenses you hold?

Yes No

Class: A B C D

If yes, In which state is your license valid?

List Endorsements: _____

CRIMINAL BACKGROUND CHECK

The City of Fridley conducts a thorough criminal history background check as well as other forms of background verifications as a condition of employment for all positions. For some positions (example: sworn police, fire and public safety positions), certain felony convictions (and other convictions mandated by the state licensing boards) will automatically disqualify the applicant from further consideration.

Candidates for positions working with children and vulnerable adults will be disqualified if they have been convicted of any crime listed in the Child Protection Worker Act (MN Statutes 299C.61 & 62). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault, or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes.

For all other positions, convictions may not automatically disqualify the candidate from employment. Each case is considered on its individual merits and the type of work sought, etc.

Finalists for all positions will be provided a background packet and a form to provide authorization to release information, which will include further details and instructions relevant to the position. Before any applicant is rejected based on their criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This includes the right to show evidence of rehabilitation.

Any applicant who makes false statements or withholds any information will cause them to be barred from employment or removed from employment.

Please provide three work-related business references.

Name	Relationship to You	Occupation	Phone Number

DATA PRIVACY NOTICE

The information you supply on this employment application will be used to assess your qualifications for the position for which you 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 the employment interviews.

The following information on this application will be considered private data on individuals pursuant to the Minnesota Government Data Practices Act: your name, home address, home phone number, and Social Security number. If you are certified as eligible for an employment vacancy, your name will become public data. If you are hired by the City of Fridley, all information you supply on this application will become public data, except your home street address, home phone number, and Social Security number.

The information you voluntarily provide on the separate form "Confidential Equal Employment Opportunity Information" will be at all times considered private data. It can only be accessed by you or a city official who has a bona fide need for it to comply with affirmative action and equal opportunity mandates.

SIGNATURE – PLEASE READ CAREFULLY AND SIGN

1. I certify that all the information I have provided on this application is correct and that I have not omitted any information. I understand that giving false information or omitting requested information may disqualify me from further consideration for employment or may result in dismissal, if discovered at a later date.
2. I authorize the City of Fridley to verify the information I have provided in this Employment Application.
3. I hereby authorize all current and previous employers to release job-related information to the City of Fridley

Signature _____ Date _____

If you have a disability or language difficulty that would prevent you from testing for a position under standard conditions, please contact Human Resources at 763-572-3507 so that reasonable efforts can be made to accommodate your needs.



City of Fridley

6431 University Ave. NE
Fridley MN, 55432

Phone: 763-571-5501
Fax: 763-571-0770

Parks & Recreation Department

Skills Background

Name _____ Position Applied For _____

Address: _____ (street) _____ (city) _____ (zip)

Phone Home: _____ Cell: _____ School: _____

A. Work Availability

- List the days your prefer to work (circle as many as apply): Su M Tu W Th Fr Sa
- List the number of day you wish to work per week: _____
- List the date you are available to start working: _____

B. Other Relevant Experience

- List any professional certificates, memberships, or special education you have (Umpire Association, WSI, athletic organization, etc.)

- Describe an activity you were the primary leader for, and what steps you took to plan, promote, and implement the program (skip this if you are not applying for a leader/instructor position).

- Give any further information or reasons you believe qualified you for this position.

Please indicate with an "X" those activities in which you feel that you are prepared to teach/lead.

Athletics/Sports

- Archery
- Basketball
- Broomball
- Boot Hockey
- Gymnastics
- Dodgeball
- Flag Football
- Floor Hockey
- Kickball
- Soccer
- Softball
- Tennis
- Volleyball
- Wrestling
- Ice Skating
- Track & Field
- Golf
- Baseball
- T-ball
- Other_____

Arts/Crafts

- Basketry
- Beads
- Ceramics
- Children's Crafts
- Drawing
- Knitting
- Painting
- Scrapbooking
- Sewing
- Weaving
- Woodworking
- Other_____

Fitness

- Aerobics
- Kickboxing
- Martial Arts
- Toning/Conditioning
- Water Aerobics
- Tai Chi
- Yoga
- Other_____

Drama/Theater

- Clowning
- Acting
- Puppetry
- Play Production
- Props
- Story Telling
- Skits
- Other_____

Dancing

- Ballet
- Ballroom
- Belly
- Clogging
- Hip Hop
- Jazz
- Line
- Lyrical
- Modern
- Tap
- Other_____

Outdoor Recreation

- Back Packing
- Bird Watching
- Camping
- Canoeing
- Gardening
- Fishing
- Hiking
- Kayaking
- Snowboarding
- Other_____

Music

- Instrument
- Vocal
- Other_____

Social/Leisure

- Table Games
- Group Games
- Other_____

Special Interest

- Photography
- Astronomy
- Science
- Film Making
- Sign Language
- Computers
- Creative Writing
- 2nd Language
- Cooking
- Magic
- Cheerleading
- Other_____

What age group do you prefer working with?

- Pre-school Grade School Middle School High School Adult

CONFIDENTIAL EQUAL OPPORTUNITY INFORMATION

The following information is voluntary and confidential. The purpose of collecting this information is to comply with state and federal Equal Employment Opportunity laws and other legal reporting requirements. It will not adversely affect your employment candidacy with the City or your status as an employee after appointment. This form will be filed separate from your application and it will not be used in our recruitment evaluation process. We would appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity.

Position for which you are applying:	Today's Date:
Name:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Age Range: Under 18 <input type="checkbox"/> 18-39 <input type="checkbox"/> 40-65 <input type="checkbox"/> Over 65 <input type="checkbox"/>	

With which racial/ethnic group do you consider yourself? (Please check only ONE of the following.)

- Native American or Alaskan Native (Through tribal affiliation or community recognition)
- Asian
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- Black or African American (Not of Hispanic Origin)
- White (Not of Hispanic Origin)
- Two or more races

RECRUITMENT INFORMATION?

How did you hear about the position for which you are applying?

- City of Fridley Job Posting
- From another City employee
- College, technical or high school
- Newspaper (Which one?) _____
- City of Fridley Website
- League of Minnesota Cities
- Internet job board or site (Which one?) _____
- Minnesota Workforce Center?
- Telephone Inquiry
- Stopped by the Municipal Center for other business
- Other (Please specify.) _____

Background Information

The Fridley Police Department will be completing your criminal background check. We would like you to understand that during the background check they will be checking all available data to them which will also include your juvenile records.

By signing this release you are authorizing the Fridley Police Department to access all of your records available to them.

Do you understand what I have read?

Initials _____ This information was read to me by: _____

Copy of drivers license: _____

City of Fridley Employee: _____

Thank You

City of Fridley
General Authorization and Release
Pursuant to MN Statute 113.05 Subd. 4
Minnesota Data Practices Act

TO: Minnesota Bureau of Criminal Apprehension
Records Department
1246 University Avenue
St. Paul, MN 55104

Position Applied For: _____
Department: _____
Date: _____
Requested by: _____

Personal Information (please print)

_____	_____	_____	_____
<i>Proper First Name</i>	<i>Complete Middle Name</i>	<i>Maiden, Previous and/or Alias Name</i>	<i>Current Last Name</i>
_____	_____	_____	_____
<i>Date of Birth</i>	<i>Drivers License # (include state)</i>	<i>Ethnic Background</i>	<i>Gender (male or female)</i>

I, _____, hereby authorize and grant my informed consent to permit you to release to, and make available to, the City of Fridley, Minnesota and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data, which I authorize to be released, consist of private data, as defined by Minnesota Statute 13.02, subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your representatives. The information for which release is authorized includes all data which has been collected, created, received, and retained or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the information is to determine my suitability for employment with the City. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the City, including verification of my records and analysis by consultants to the City who may review my suitability for employment.

By signing this authorization I hereby release the Minnesota Bureau of Criminal Apprehension from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City of Fridley from any and all liability for its receipt and use of data received pursuant to this consent.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Fridley or to you of that fact.

Signature

Today's Date

Witnessed by:

Signature

Print Full Name

Today's Date

PLEASE COMPLETE BOTH SIDES IF UNDER AGE 18

**Waiver and Tennessee Warning Under Minnesota
Statutes Section 13.04, Subdivision 2**

FOR APPLICANTS UNDER AGE 18

Please Print:	
Name of Applicant: _____	Today's Date: _____
Name of Parent or Guardian: _____	

I, _____ am the parent or guardian of _____
a minor who has applied for a position as an employee of the City of Fridley, Minnesota, I fully understand the following:

1. All Fridley employees may, at some point, interact with the public and are always expected to act as if that were the case at any time. Since the City of Fridley must assume, in its hiring process, that public contact, as well as contact with other employees will occur, it avails itself of all information available to determine the qualities and qualifications of its applicants and to assure the safety of its employees and citizens.
2. As part of its selection process, the City of Fridley routinely conducts a criminal background check of all of its job applicants that, in the case of minors (including this applicant), includes any and all available juvenile records. **THIS IS A REQUIREMENT FOR EMPLOYMENT WITH THE CITY OF FRIDLEY.**
3. That, in order to obtain this information, it is necessary for the City of Fridley to obtain a waiver to permit it to access those records that might otherwise be unavailable.
4. The information gathered will be used only by the City of Fridley in making the determination of whether or not to employ this applicant and for no other purpose. It will be retained by the City of Fridley as part of this application and the applicants employment file, if subsequently hired, and will not be available for any other use or to anyone not directly involved in the determination as to whether this applicant will be hired by the City of Fridley.

I, the undersigned, affirmatively state that I have read the provisions of this waiver and warning and agree to permit the City of Fridley to obtain and use any and all such information for the purpose stated, waiving any protections and causes of action as might otherwise be available under the Minnesota Data Practices Act for the benefit of the applicant.

Signature of Parent/Guardian

Date

COMPLETE THIS SIDE ONLY IF APPLICANT IS UNDER AGE 18