



NOTIFICATION TO ALL APPLICANTS
FOR SEASONAL EMPLOYMENT
WITH THE CITY OF NEW HOPE
DEPARTMENT OF PARKS AND RECREATION

This notification informs you of the following conditions of employment with the City of New Hope:

1. Employment is contingent upon satisfactory results from a criminal history background check.
2. Employment is contingent upon satisfactory results from a motor vehicle record check -- for all positions that require driving a vehicle for City business.
3. All pay is direct-deposited into the employee's personal bank account (checking or savings). *Payroll checks are not issued.* You must have a bank account in your name before starting to work. **A parent's personal account is not acceptable.**
4. Please *use black or blue ink*; please *print* except where asked for your signature.



NOTICE TO ALL APPLICANTS FOR EMPLOYMENT

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of New Hope during the application process.

The information about yourself that you provide to the city of New Hope during the application process will be used to identify you as an applicant and to assess your qualifications for employment with the city. Certain information is private, that is, it is available only to you and to city of New Hope staff who have a bonafide need for the data.

PRIVATE DATA	WHY WE ASK FOR IT	ARE YOU LEGALLY OBLIGATED TO PROVIDE IT?	WHAT MAY HAPPEN IF YOU DON'T PROVIDE IT?
Name/Address	To distinguish you from all other applicants; to be able to communicate with you.	Yes	Failure to provide information may be cause for rejecting an application.
Telephone number, email address	To be able to contact you to determine availability for interview.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic Group, Disability Status *	To be able to make Equal Opportunity reports as required by law and to provide affirmative action in our recruiting process.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.
Test Accommodations	To determine whether you need special test accommodations.	No	We will not be able to provide you necessary test accommodations in a timely manner.
Conviction Record	To determine whether your record may be a job-related consideration.	Yes, if offered an interview	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

***DEFINITION OF DISABILITY:** "A physical or mental impairment that substantially limits one or more of the individual's major life activities, as well as a record of such an impairment; or an individual regarded as having such an impairment."

All other information on the application is public, that is, it may be given to anyone who requests it. If you are a final candidate, your name, score and standing will become public information. If you are employed, you will be legally required to supply your social security number and all applicable tax information. This information will be sent to the IRS and to the Social Security Administration for payroll and tax purposes.

To apply for a posted position with the City of New Hope, you must submit a complete SEASONAL APPLICATION PACKAGE. Resumes are not required.



City of New Hope
 4401 Xylon Avenue North
 New Hope, MN 55428
 763-531-5100

Seasonal Employment Application

It is our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national origin, sex, disability, age, marital status, or status with regard to public assistance.

Please print in black or blue ink or type.

Position applied for:	Date of application:
Have you applied for employment with New Hope before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
Have you ever been employed by the city of New Hope? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, position:	
On what dates would you be available for work? From _____ to _____	
Do you have a valid Minnesota driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you have transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL DATA

Please circle best daytime number:

Last Name	First Name	Middle Initial	Home Phone Number With area code
Home Address	Age 16 or under? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, age _____		Work Phone Number With area code
School Address (if you live away from home)	Email Address		Cell Phone Number With area code

EDUCATIONAL HISTORY

Educational Institution	Name and Location	# Years Completed	Did You Graduate?	Degree/Certificate Major or Course
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY EXPERIENCE

Are you a veteran U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?
Years of Service?	Rank at separation?
Briefly describe any training you received relevant to the position for which you are applying.	

EMPLOYMENT HISTORY – Please fill out completely. List most recent first.

Employer's Name		Telephone with area code
Street Address		Employed – (Month and year) From _____ to _____
Name and Title of Supervisor		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your Job Title	Duties performed:	
Reason for Leaving:		

Employer's Name		Telephone with area code
Street Address		Employed – (Month and year) From _____ to _____
Name and Title of Supervisor		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your Job Title	Duties performed:	
Reason for Leaving:		

VOLUNTEER EXPERIENCE relevant to the position for which you are applying.

SPECIAL SKILLS, QUALIFICATIONS, & ADDITIONAL INFORMATION relevant to this position.

I hereby declare that all statements made on this application are true and complete to the best of my knowledge and belief. I understand these statements are subject to verification. I also understand that falsification of this application may disqualify me from employment or result in immediate dismissal on discovery.

I authorize schools and former employers to provide my records, reason for leaving, and all other information they may have concerning me and I release all parties from any and all liability and claims for damage whatsoever that may result therefrom.

May we contact your current employer? Yes No

Signature: _____ Date: _____

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APPLICANT DATA RECORD

PLEASE RETURN THIS FORM WITH YOUR EMPLOYMENT APPLICATION

The information requested below will be used to determine the effectiveness of our recruitment efforts and to meet federal reporting requirements. This data will be kept in a confidential file separate from your employment application and will not be given to staff members making hiring decisions. Your voluntary cooperation and assistance in completing this record is appreciated.

Position applied for: _____

Date of application: _____

Applicant's Name: _____

Sex: Male Female

Race/Ethnic Group:

American Indian/Alaskan Native

Asian/Pacific Islander

Black

Hispanic

White

Do you have a disability? No Yes

Do you have special needs, which may necessitate accommodations in a testing process or at a testing facility?

No Yes

How did you first learn about this position?

Newspaper:

Minneapolis *Star Tribune*

SunPost Community Newspaper

Other Newspaper, please identify:

Website:

Minnesota Workforce

League of Minnesota Cities

City of New Hope website

Other website, please identify:

Other:

Posted Announcement

Educational Institution

Employee Referral, please identify:

Other, please explain:
