



City of Brooklyn Park

Application for Temporary Employment

5200 85TH Avenue North - Brooklyn Park, MN 55443

Phone: 763-424-8000 Fax: 763-493-8391

website: www.brooklynpark.org

Please PRINT with INK.

SECTION A. PERSONAL DATA

Last Name:	First Name:	MI:
------------	-------------	-----

Address:

City/State/Zip Code:

Daytime Phone: _____	Cell Phone: _____
----------------------	-------------------

Evening Phone: _____	E-Mail Address: _____
----------------------	-----------------------

Are you at least 18 years of age? Yes No

Are you a United States citizen or legally eligible to work in the United States?
 Yes No (If hired you will be required to provide documentation to prove eligibility status.)

A public employer may not inquire into or consider the criminal record or criminal history of an applicant for public employment until the applicant has been selected for an interview by the employer. An applicant for employment with the City of Brooklyn Park and selected for an interview may be required to undergo a criminal history background check. A conviction will not necessarily disqualify you from employment with the City; circumstances of the conviction will be taken into consideration. If you are selected for an interview, you will be required to provide an authorization for release of information that is necessary to conduct a background check.

Driver's License Number:	State/Class:	Expiration Date:
--------------------------	--------------	------------------

Do you have any relatives who work for the City?
 Yes If yes, what is their name, relationship to you, and their position?
 No _____

SECTION B. POSITION

Title of Position for Which You Are Applying:

Today's Date:	Date you are available to begin work:
---------------	---------------------------------------

Date you are able work until:	Number of hours you are able to work/week:
-------------------------------	--

What day(s) are you available to work? <input type="checkbox"/> Monday-Friday <input type="checkbox"/> Weekday evenings <input type="checkbox"/> Weekends, days <input type="checkbox"/> Weekend, evenings <input type="checkbox"/> Holidays	Are you available to work more than 40 hours per week if offered as an option? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Perhaps
---	---

Check shift(s) you are available to work (approximately):

Days, 8:00 am up to 5:00 pm

Early day shift, 7:00 am up to 3:00 pm

Afternoon to evening, 2:00 pm up to 10:00 pm

Open to any shift

Other (specify) _____

Have you ever worked at the City of Brooklyn Park before?

No

Yes (If yes, please list date(s) and/or position)

SECTION C. EDUCATION AND TRAINING

Have you graduated from high school or received a GED? Yes No

Circle grade level of secondary school you have completed: 7 8 9 10 11 12

TYPE	NAME/LOCATION	MAJOR OR EMPHASIS	YEARS COMPLETED	TYPE OF DEGREE OR CERTIFICATE RECEIVED
High School				
Trade/Business/Vocational				
Undergraduate Studies				
Graduate Studies				
Other				

List any continuing education programs you have taken or attended that may be relevant to the position for which you are applying. Include location and date(s) attended.

Please list any additional professional training and/or certifications you currently hold. Include registrations, licenses, and dates received or issued which relate to the position for which you are applying. (e.g. First Aid, CPR, WSI, etc.)

What other special interests, hobbies, or skills do you have that would be helpful for us to know when considering you for a position with the City of Brooklyn Park?

SECTION D. WORK EXPERIENCE (List most recent experience first)

Name of Most Recent Employer:

Address:

Telephone:

Position Held:

Dates Employed: From

To

Hours worked per week:

Primary Responsibilities:

Last wage/salary received:

Reason for leaving:

May we contact this employer? Yes No

Supervisor's Name:

Telephone:

POSITION NUMBER 2:

Name of Employer:

Address:

Telephone:

Position Held:

Dates Employed: From

To

Hours worked per week:

Primary Responsibilities:

Last wage/salary received:

Reason for leaving:

May we contact this employer? Yes No

Supervisor's Name:

Telephone:

POSITION NUMBER 3:

Name of Employer:

Address:

Telephone:

Position Held:

Dates Employed: From

To

Hours worked per week:

Primary Responsibilities:

Last wage/salary received:

Reason for leaving:

May we contact this employer? Yes No

Supervisor's Name:

Telephone:

FOR ADDITIONAL WORK EXPERIENCE ATTACH A RESUME OR ADDITIONAL COPY OF SECTION D.

SECTION E. REFERENCES (List three references of people you have known for at least one year)

Name	Relationship to You	Address	Daytime Phone

SECTION F. AUTHORIZATION TO COLLECT, USE, & RELEASE INFORMATION

As an applicant for a position with the City of Brooklyn Park, I hereby expressly authorize the collection, use, and release of any and all information concerning me, including information of a confidential or privileged nature, which relates to my employment. I hereby release the City of Brooklyn Park, with which I am seeking employment, from any liability that may result from releasing information requested. I also expressly authorize the release by my present and past employers including its agents/employees of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless the above stated prior employer(s) from any liability whatsoever arising out of its release of information pursuant to this release.

I understand 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 its stated date.

Your Name (Printed)

Signature

Date

SECTION G: TENNESSEN WARNING

Information requested on your application defined by State Statute as public may be released on request and includes job history, education, training, and work availability. Your name is private except when you are certified as eligible for appointment to a vacancy. Certain other information requested on your application is private and may be released only to you or to governmental entities authorized access by law (MS 13.04 Subd 2). Private data contained above:

- **NAME/SOCIAL SECURITY NUMBER (SSN):** Used to identify you in relation to other applicants. You are legally required to provide your name, but not your SSN. Failure to provide this information may result in a delay in processing or rejection of your application.
- **LOCAL/PERMANENT ADDRESS/HOME TELEPHONE:** Used to contact you regarding your application's status. You are not legally required to provide this information. Failure to provide this information may result in a delay in processing or notifying you of your application's status.
- **LICENSE INFORMATION:** Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in your rejection as an applicant for these positions.
- **AGE RANGE:** Used to accurately certify applicants for certain types of work according to State law. You are legally required to provide this information. Failure to provide this information may result in rejection of your application.
- **CITIZENSHIP STATUS:** Used to certify applicants for work in the United States as determined by laws of the United States Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

SECTION H: SIGNATURE

To the best of my knowledge, the information included in this application is accurate and true. I understand that misrepresentation or omission of facts in connection with my application may be sufficient cause, in and of itself, for dismissal whenever discovered.

Signature

Date

City of Brooklyn Park

Human Resources Division



Authorization for Release of Information

Please complete this form as indicated, printing neatly.

I, _____
(first, middle, last name)
of _____
(street address)

(city, county, state, zip code)

hereby authorize the City of Brooklyn Park to inspect and gather information retained by local, county, state and federal agencies as necessary to determine whether any convictions of a crime(s) or moving violation directly related to the position of employment either sought by me or held by me may disqualify me for any employment position or duty associated with my employment position.

I realize that I am not legally required to sign this form, but I understand that if I do not sign this form, the City of Brooklyn Park may not be able to determine whether or not my conviction record, if any, is a job-related consideration. I understand that if I am rejected as a candidate for an employment position or if I am removed from performing any duty related to my employment position as a result of my conviction record, I will be notified in writing and will be given any rights to the processing of complaints or grievances afforded by Minnesota Statute Chapter 364. I further understand that information prepared about me by the City of Brooklyn Park is private data and this data may be released only pursuant to the statutory provisions of Minnesota Statute Chapter 13.

Signature

Date Signed

Date of Birth

Driver's License Number and Expiration Date

Position Applied For / Position Held

Office Use Only

City of Brooklyn Park Authorization

Date Authorized

Equal Opportunity/Affirmative Action Data

As an employer with an Affirmative Action program, we comply with governmental regulations, including Affirmative Action responsibilities where they apply.

The purpose of collecting the data requested below is to comply with state and federal Equal Opportunity Employment reporting and other legal requirements. It is for periodic government reporting purposes only. This form will be filed separately from your application and will not be used in our recruitment evaluation process. Inclusion or exclusion of data will not affect any recruitment selection decisions. Your cooperation in providing the data is **voluntary**.

Name: (Last, First, Middle)		
Address:		
City:	State:	Zip:

Position Applying For:	Today's Date:	
Birth Date: (Month/Day/Year)		
Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Check One of the Following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> African/American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other
Check if any of the following are applicable:		
<input type="checkbox"/> Disabled Individual	<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled Veteran
How were you made aware of this employment opportunity?		
<input type="checkbox"/> Newspaper (provide name): _____		
<input type="checkbox"/> Employment Agency (provide name): _____		
<input type="checkbox"/> City of Brooklyn Park Web Site		
<input type="checkbox"/> City Employee (provide name): _____		
<input type="checkbox"/> Other (provide source): _____		