



## Application for Employment

We welcome you as an applicant for employment with the City of Hibbing. It is the City of Hibbing's policy to provide equal opportunity in employment. The City of Hibbing will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The City of Hibbing accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact Human Resources at 218-312-1574.

### Personal Information

Name:	(Last)	(First)	(MI)
Street Address			
City, State, Zip			
Phone Number		Alternate Phone	
Email			

Which position are you applying for? <i>If applying for Police or Fire, please complete supplemental questions form.</i>
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
For which schedules are you available? <input type="checkbox"/> Weekdays <input type="checkbox"/> Evenings <input type="checkbox"/> Overtime <input type="checkbox"/> Shift <input type="checkbox"/> Weekends <input type="checkbox"/> Nights <input type="checkbox"/> Other _____



**Please print in INK or type when completing this application**

<p>Are you legally eligible to work in the United States in the position for which you are applying? <i>Proof of citizenship or work eligibility will be required as a condition of employment.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Will your continued employment require employer sponsorship?"</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you at least 18 years old? <i>Only respond to this question if the position you are applying for requires to you be 18 years of age or older.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Educational Information

Circle the highest grade completed			
1 2 3 4 5 6 7 8 Grade School	9 10 11 12 GED High School	13 14 15 16 College/Technical	MA MS PHD JD Graduate
Did you graduate: (Please check)	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>High School</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>College/Technical</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Graduate JD</i>

School Name	Address	Course of study	Degree
High School:			
College:			
Graduate School:			
Technical/Vocational:			
Other:			



## Other Education

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:

List any current licenses, registrations, or certificates you possess which may be related to this position:

## Employment Experience

List present or most recent employer first. Please note “see resume” is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application.

Company	Name of last supervisor	Hrs./Week
Address	Start Date	
City, State, Zip	End Date	
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Company	Name of last supervisor	Hrs./Week
Address	Start Date	
City, State, Zip	End Date	
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company	Name of last supervisor	Hrs./Week
Address	Start Date	
City, State, Zip	End Date	
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		



### Unpaid Experience

Describe any unpaid or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).

### Military Experience

Did you serve in the U.S. Armed Forces?  Yes  No

Describe your duties:

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Do you wish to apply for Veterans' Preference points:  Yes  No

If you answered "yes," you must complete the Application for Veterans' Preference points form, and submit the application and required documentation to the City of Hibbing by the application deadline of the position for which you are applying.

### Authorization

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the City of Hibbing is "at will," and that employment may be terminated by either the City of Hibbing or me at any time, with or without notice.

With my signature below, I am providing the City of Hibbing authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?", contact with my current employer will not be made without my specific authorization.

I have read the included Applicant Data Practices Advisory, and I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I understand that the company may require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests. I also understand it is my responsibility to notify the City of Hibbing in writing of any changes to the information reported in this application for employment.

If electronic: Your electronic signature below indicates your agreement with the following statements: By typing my name in the following box and clicking submit, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Hibbing appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:

Gender:  Male  Female  Other

With which racial/ethnic group do you identify?

- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native through Tribal affiliation or community recognition
- Caucasian/White
- Asian
- Native Hawaiian or other Pacific Islander
- Two or more races

Disability status, defined as:

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
- 2) Has a history of a disability (such as cancer that is in remission);
- 3) Is regarded as having such an impairment.

Do you claim disability status?  Yes  No







## **Applicant Data Practices Advisory**

According to Minn. Stat. § 13.04, the City must advise you of the following.  
Purpose and intended use of the data:

The city collects this information for the purpose of selecting a candidate for hire. Your data will be used to verify all information provided within the application packet, including contacting current or previous employers. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, including using the BCA's website and a pre-employment physical. Consultant, city staff, and elected officials involved in the hiring process will have access to the data provided. Data may be shared upon court order or provided to the state or legislative auditor, upon request.

Whether you may refuse or are legally required to supply this data: Application for employment as well as supplying any data in application for employment is voluntary.

Consequences arising from supplying or refusing to supply this data:

We take pride in hiring the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the city you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

Minors submitting this application have the right to request that parental access to private data be denied. If you wish to make this request, please submit the request in writing to the City of Hibbing Human Resources department at 401 East 21<sup>st</sup> Street, Hibbing, MN 55746 or by email to [akleffman@ci.hibbing.mn.us](mailto:akleffman@ci.hibbing.mn.us).





## **GENERAL INFORMATION ON THE MINNESOTA GOVERNMENT DATA PRACTICES ACT FOR APPLICANTS, EMPLOYEES, AND VOLUNTEERS.**

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Hibbing. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Second under “Personnel Data” (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran’s status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

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 considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the City of Hibbing, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your work time for payroll purposes: except to the extent that release of time sheet data would reveal employee’s reasons for the use of sick or other medical leave or other non-public data;



- Your previous work experience.
- The “complete” terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and assist in determining your suitability for the position for which you are applying.

**NOTICE REGARDING SOCIAL SECURITY NUMBER:** This information will be used for payroll taxes, insurance purposes, and retained in the employee’s data record.

**NOTICE TO MINORS:** Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the City of Hibbing Human Resources Department at 401 East 21<sup>st</sup> Street, Hibbing, MN 55746. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**



**NOTICE OF ADOPTION OF PRE-EMPLOYMENT  
DRUG TESTING POLICY**

The city of Hibbing has adopted a Drug and Alcohol Testing policy in accordance with MN. Stat. § 181.950 - §181.954 for job applicants and employees. Copies of the policy are available for inspection by job applicants or employees during regular business hours in the city's Human Resources office.



## Release for Employment Reference Checks City of Hibbing

### RELEASE AUTHORIZATION

I, (please print name) \_\_\_\_\_, hereby authorize investigation of any information contained in the Application for Employment and/or supplemental materials I have submitted in consideration for the position of \_\_\_\_\_, as may be needed to arrive at an employment decision. I authorize any or all education institutions and prior employers listed in the application for Employment to provide information they may have concerning me as it may relate to consideration of my application for this position. I understand the city will be contacting both individuals suggested by me and others whom I may not have suggested. I release those parties from any and all liability or claims for damage that may result from such.

This release supersedes any agreement I may have previously made to the contrary with any such person, school, employer, or organization.

A photocopy or facsimile of this signed release shall have the same force and effect as the original release signed by me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date