



Notification to Applicants for Seasonal Employment With the City of New Hope Ice Arena, Golf Course, Pool and/or 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. For all positions that require driving a vehicle for city business, employment is contingent upon satisfactory results from a motor vehicle record check
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 account is not acceptable.**
4. If completing a hard copy of the application, please *use black or blue ink*; please *print* except where asked for your signature. If completing electronically, you must digitally sign before submitting OR print a copy, sign and submit.



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.
Gender, 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 position with the city of New Hope, you must fully complete the required application packet.
Resumes are accepted but not required.**



Parks and Recreation Dept.
4401 Xylon Ave N
New Hope, MN 55428
763-531-5151

Seasonal Employment Application

Ice Arena, Golf Course, Pool & Recreation

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, sexual orientation, disability, age, marital status, familial status, or status with regard to public assistance.

Please print in black/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 driver's license? <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

Check box for best daytime number:

Name - Last, First, Middle I		<input type="checkbox"/> Home Phone Number
Home Address	Age 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Work Phone Number
	If not, please state date of birth	
School Address (if you live away from home)	Email Address	<input type="checkbox"/> Cell Phone Number

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 (also see Election of Veteran's Preference form in packet)

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.

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

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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: _____

CITY of NEW HOPE
Human Resources Department
4401 Xylon Avenue North
New Hope, Minnesota 55428

VETERANS' PREFERENCE

COMPLETE THIS FORM *ONLY* IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214, OR OTHER DOCUMENTATION VERIFYING SERVICE, MUST BE ATTACHED. (Veteran is defined by Minn. Statute § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" DD214 or other required military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "Member Copy 4" DD214, contact your county's Veterans' Service Office.

The city of New Hope operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are granted if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans' Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, **or** by reason of disability incurred while serving on active duty, **or** after having served the full period called or ordered for federal active duty **and** be a United States

citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, or have active military service certified under 38 U.S.C. § 106, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing city of New Hope employment.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214 or other documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present phone number.

NAME (LAST) (FIRST) (M)	POSITION FOR WHICH YOU ARE APPLYING: CLOSING DATE:
PHONE NUMBER	ARE YOU A US CITIZEN OR RESIDENT ALIEN? YES NO

VETERAN (10 points):

("Member Copy 4" DD214 or DD215 or other documentation verifying service, must be submitted to receive points.)

Honorably discharged veteran YES NO

DISABLED VETERAN (15 points):

("Member Copy 4" DD214 or other documentation verifying service, and USDVA letter of compensable disability rating decision must be submitted to receive points.)

Percent of Disability: _____ %

Have you ever been promoted in the city of New Hope employment? YES NO

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

("Member Copy 4" DD214 or DD215 or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate, and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____ Have you remarried? YES NO

SPOUSE OF DISABLED VETERAN (15 points):

("Member Copy 4" DD214 or DD215 or other documentation verifying service, and USDVA letter of a compensable service connected disability rating decision must be submitted to receive points.)

How does Veteran's disability prevent performance of a stated job "requirement"? Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific): _____

AFFIDAVIT: I hereby claim Veterans' Preference for this examination and swear/affirm that the information given is true, complete, and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the city of New Hope by the required application deadline date.

Signature

Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Statute §197.477, and to certain spouses of deceased or disabled veterans subject to the provisions of Minn. Statute §197.447 and §197.455.

The veteran must:

- a) be a U.S. citizen or resident alien,
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12 a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202 (38 U.S.C. §106)

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1.) Attach a copy of the "Member Copy 4" of your DD214 or DD215 or other documentation verifying service. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2.) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Generally, disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per Minn. Statutes §197.455 and §197.447 if it was incurred prior to September 7, 1980.
- 3.) A spouse of a deceased veteran applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215 or other documentation verifying service, USDVA verification that veteran died on or as a result of activity duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the city of New Hope. Please contact your local County Veterans' Service Office if you have any questions regarding veteran's preference.



City of New Hope

Applicant Data Record

Please return this form with your employment application

This form, and any data submitted on the form, will be kept separate from your personnel file and will not be accessible by anyone involved with making decisions regarding your employment. While your reply will be most helpful to us in reporting accurate data, completing this form is entirely voluntary; refusal to complete the form will not adversely affect your employment.

Position applied for: _____

Date of application: _____

Last Name: _____ First Name: _____

Sex: Male Female

Race/Ethnic Group (check all that apply):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White (Non-Hispanic)

Do you have a disability? No Yes

Do you have special needs, which may necessitate accommodations? No Yes

How did you FIRST learn about this position?

- Website (address): _____
- Newspaper (name): _____
- City of New Hope employee (name): _____
- Posting (where): _____
- Other (please specify): _____