



## Supplemental Application

**Applicant Name:** \_\_\_\_\_

**INSTRUCTIONS:** Please review and complete each section on the Supplemental Application. Your responses to the Supplemental Application are used to evaluate your qualifications for the position. Failure to complete the Supplemental Application may limit our ability to evaluate your application.

**NOTICE TO APPLICANT:** Information requested on your application that is defined by State Statute as public may be released on request and includes job history, education and training, relevant test scores, rank on our eligibility list, Veteran's status, and work availability. Your name is 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. Certain other information is private and may be released only to you or to governmental entities authorized access by law. Private data contained in this application:

**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.

**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 rejection of your application.

**Social Security Number (Optional):** \_\_\_\_\_

### DRIVER'S LICENSE/RECORD

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Class: \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ D \_\_\_\_\_ CDL

List any endorsements: \_\_\_\_\_

Do you have a clean driving record? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, please explain: \_\_\_\_\_

**CONVICTION INFORMATION:** No person shall be disqualified from public employment solely or in part because of prior conviction of a crime or crimes, unless the crime or crimes for which convicted directly relate to the position of employment sought. In determining the effect of a conviction, the City shall consider the requirements of Minnesota Statutes, Chapter 364. Applicants who are finalists for certain positions will be subject to a criminal background investigation.

*I hereby give my consent for a personal background investigation, to include a criminal history check, if I become a finalist for this position.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FAIR CREDIT REPORTING ACT DISCLOSURE:** In connection with your application for employment, an investigation may be made in which “consumer reports” are obtained from a consumer reporting agency. Such reports may include information concerning your credit worthiness, credit capacity, character, general reputation, personal characteristics, or mode of living. Examples of such reports include, but are not limited to: your credit history and a criminal background check. Upon written request, you will be provided with a disclosure of the nature and scope of the consumer report.

The City of Medina will not use the information contained in the consumer report and/or investigative consumer report in violation of any applicable federal or state law or regulation.

If any consumer reports and/or investigative consumer reports indicate that any adverse action should be taken, including the denial of your application for employment, you will be provided with a copy of the report(s) and the “Summary of Your Rights Under the Fair Credit Reporting Act” per the Fair Credit Reporting Act.

The information contained herein is considered private data and will be used only to determine your suitability for employment. Providing this information is strictly voluntary and you are not required by law to furnish any of the information requested herein. However, if you do not furnish it we may have difficulty determining your suitability for employment. The information provided herein will be accessible only to you, appropriate staff of the City of Medina, or as provided for by Minnesota Statutes. By law, I understand that I have the right to receive a free copy of my consumer report and/or investigative consumer report from the consumer reporting agency if one is obtained, upon my written request for this information.

I hereby authorize the City of Medina to obtain “consumer reports” and/or “investigative consumer reports” in connection with processing my application for employment. I further authorize the appropriate individuals, companies, institutions or agencies, including consumer reporting agencies, to release this information.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### APPLICANT’S STATEMENT

I certify that I have read the “Notice to Applicant” regarding the MN Data Practices Act, and understand my rights as a subject of data. I hereby release the City of Medina, with which I am seeking employment, from any liability which may result from releasing information requested.

I understand that if offered a position, I may be required to submit to and pass a drug screen.

I hereby certify that all answers contained in this supplemental application are true and I agree and understand that any misrepresentation or omission of facts contained in this application will be grounds for disqualification for employment or in the event of employment, dismissal from employment upon discovery of the information.

By signing this form I hereby acknowledge I have read and understood the above statements. *Failure to sign this form may result in rejection of your application.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_