**Springfield Public Utilities**

**Application for Employment**

PO Box 106, Springfield, MN 56087 Phone (507) 723-3519 Fax (507) 723-6517

**www.springfieldmn.org**

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, familial, or veteran status, or any other legally protected status.*

*Applications filed with the City of Springfield are public records unless otherwise stated in the Minnesota Government Data Practices Act. Personal Information including social security number and driver's license number are protected from public disclosure in all cases.*

**PLEASE PRINT CLEARLY**

|  |  |
| --- | --- |
| Position(s) Applied For  | Date of Application |
| How Did You Learn About the Position? |
| \_\_\_\_ Newspaper \_\_\_\_\_Radio \_\_\_\_\_Word of Mouth\_\_\_\_Relative \_\_\_\_\_Internet \_\_\_\_\_Previous Employment\_\_\_\_Other |

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Middle Name |
| Address Number | Street | Apt. | City | State | Zip Code |
| Home Telephone Number | Cell Telephone Number | Email Address  |

|  |
| --- |
| 1. Are you age 18 or older?..........................................Yes No2. Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? Yes No3. If you are age 17 or younger, can you provide  the required proof of your eligibility to work?.........Yes No4. Do you have a valid driver’s license?........................Yes No5. Have you ever been employed with us before?........Yes No If yes, provide the dates of employment \_\_\_\_\_\_\_\_\_\_6. Have you ever filed an application with us before?..Yes No If yes, provide the approximate date\_\_\_\_\_\_\_\_\_\_\_7. Date available to start work\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_8. What is your desired salary range?\_\_\_\_\_\_\_\_9. Are you available to work: Full-Time\_\_\_\_\_ Part-Time\_\_\_\_\_ Temporary/Seasonal\_\_\_\_\_\_10. Are you available to work or be “on call” on weekends and holidays if the position requires it?......Yes No11. Can you travel if the position requires it? Yes No  |

**EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of School** | **School Name** |  **City/State** | **Course of Study** | **Years Completed** | **Did you Graduate?** |
| **High School** |  |  |  |  |  |
| **Undergraduate****College** |  |  |  |  |  |
| **Graduate/****Professional** |  |  |  |  |  |
| **Technical School** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

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| **Describe any specialized training, apprenticeship, skills and extra-curricular activities:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Describe any job-related training received in the United States military**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**EMPLOYMENT EXPERIENCE**

*Provide the following information of your past four (4) employers in chronological order starting with the most recent. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

**1.**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Address | Telephone Number | Job Title |
| Supervisor | Reason for Leaving | Dates Employed (mo/yr to mo/yr) | Starting Wage | End/present Wage |
| Work Performed/Duties\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This position was (full-time or part-time) May we contact this employer? yes no |

**2.**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Address | Telephone Number | Job Title |
| Supervisor | Reason for Leaving | Dates Employed (mo/yr to mo/yr) | Starting Wage | Ending Wage |
| Work Performed/Duties\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This position was (full-time or part-time) May we contact this employer? yes no |

**3.**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Address | Telephone Number | Job Title |
| Supervisor | Reason for Leaving | Dates Employed (mo/yr to mo/yr) | Starting Wage | Ending Wage |
| Work Performed/Duties\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This position was (full-time or part-time) May we contact this employer? yes no |

**4.**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Address | Telephone Number | Job Title |
| Supervisor | Reason for Leaving | Dates Employed (mo/yr to mo/yr) | Starting Wage | Ending Wage |
| Work Performed/Duties\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This position was (full-time or part-time) May we contact this employer? yes no |

*If you need additional space, please continue on a separate sheet of paper*

|  |
| --- |
| **List professional, trade, business or civic/volunteer activities and offices held** (*You may exclude any memberships which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ADDITIONAL INFORMATION**

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| --- |
| **Other Qualifications:** Summarize special job-related skills and qualifications acquired from employment or other experience.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **State any additional information you believe may be helpful to us in considering your application**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**REFERENCES**

*Please provide the names of three people not related to you whom have known you for at least one year*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Address** | **Phone** | **Email** | **Yrs. known** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |

**Application for Veterans Preference Points**

**Veterans preference application**

Veteran: \_\_\_\_Self \_\_\_\_Spouse If spouse, veteran’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch of service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Active Duty: from\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_

Rank at discharge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type of Discharge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of final discharge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Service number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a compensable service-related disability? \_\_\_\_Yes \_\_\_\_No

Type of preference requested: \_\_\_\_Veteran \_\_\_\_Disabled Veteran

 \_\_\_\_Spouse of veteran \_\_\_\_Spouse of disabled veteran

Supporting documentation: \_\_\_\_is attached

 \_\_\_\_will be submitted within 7 days of application deadline

**Applicant's Statement**

I certify that the information and answers given herein are true and complete to the best of my knowledge. I authorize the City of Springfield to investigate all of the statements contained in this application for employment as may be necessary for arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Manager or (his/her) designee. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and policies of the City of Springfield.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Signature of Applicant (must be an original signature) Date

**CITY OF SPRINGFIELD, MN**

**REFERENCE CHECKS**

**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 also authorize any or all educational 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 release the City of Springfield and those parties from any and all liability or claims for damage that may result from such.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**CITY OF SPRINGFIELD, MINNESOTA**

**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 Springfield appreciates your cooperation in our efforts to ensure Affirmative Action and equal opportunity.

**Please indicate the position(s) for which you are applying:**

**Please indicate how you heard about this position:**

Please place a check in the appropriate blanks:

**Gender \_\_\_\_Male\_\_\_\_ Female**

**With which racial ethnic group do you identify?**

\_\_\_\_\_\_Asian or Pacific Islander

\_\_\_\_\_African American (Black)

\_\_\_\_\_Native American or Alaskan Eskimo

\_\_\_\_\_Caucasian (White)

\_\_\_\_\_Other (Please indicate: )

**Disability status, defined as:**

(1) Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;

(a) Has a record of such an impairment (condition);

(b) Is regarded as having such impairment (condition).

**Based on the above information, do you claim Disability status?**

­­\_\_\_\_Yes \_\_\_\_\_No

**Applicant Data Practices Advisory**

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Springfield. 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 of 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;
* You 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 Springfield, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
* You 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 works 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 $10,000of 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. The optional data is used in summary form by the city’s Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you is voluntary.

**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 Springfield at 2 East Central St., Springfield, MN 56087. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**