

**City of Minneapolis Human Resources Department
250 South 4th Street, Room 100
Minneapolis, MN 55415-1339**

HIRE FORM

HIRE DATE (Start Date)	<i>Please read the Notice of Your Rights as a Subject of Data, which is either attached to or printed on the back of this form.</i>
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PERSONAL INFORMATION PATH: Workforce Administration/Personal Information/Biographical/Add a Person

First Name		Middle Name	Last Name	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single		Social Security Number
Apartment Number	Street Address			
City		State	Zip Code	Phones (Include Area Code) Home: Other:
Race/Ethnic Group <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races (Multiracial)			Veteran <input type="checkbox"/> No <input type="checkbox"/> Yes Disabled <input type="checkbox"/> No <input type="checkbox"/> Yes	I-9 Verification <input type="checkbox"/> Citizen of USA <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Employment Visa <input type="checkbox"/> Non-citizen National of USA

JOB INFORMATION PATH: Organizational Relationships Tab/Add Job Data

Employee ID	Is this a Permanent Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	If temporary, indicate expected Job end date:	Position Number:	
Department Code	Location Code	Establishment ID MPL	Job Code	Job Title
Supervisor ID (if not using a position):		Regular/Temporary/Seasonal Status <input type="checkbox"/> ACA Seasonal <input type="checkbox"/> Regular (Permanent) <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal		
Hours Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Intermittent			Office Code <input type="checkbox"/> Non-Sworn <input type="checkbox"/> Sworn (Fire & Police only)	
Employment Class <input type="checkbox"/> Certified (Civil Service) <input type="checkbox"/> Uncertified Other <input type="checkbox"/> Outside Trades		<input type="checkbox"/> Appointed <input type="checkbox"/> Charter Department Head <input type="checkbox"/> Elected <input type="checkbox"/> Ancillary		Requires SEI (Statement of Economic Interest) <input type="checkbox"/> No <input type="checkbox"/> Yes
Standard Hours/Week	FICA Status <input type="checkbox"/> Exempt <input type="checkbox"/> Medicare Only <input type="checkbox"/> Subject	Union Code	Classified Indicator <input type="checkbox"/> Casual (Outside Trades) <input type="checkbox"/> Grant Employee <input type="checkbox"/> Permit <input type="checkbox"/> Political Appointment <input type="checkbox"/> Classified (City and Park) <input type="checkbox"/> Legislative Appointment <input type="checkbox"/> Temporary (Non-Permit) <input type="checkbox"/> Unclassified	
Pay Group	Salary Plan	Salary Grade	Salary Step	Compensation Rate \$.

JOB EARNINGS DISTRIBUTION

Percent	Earn Code	Fund (5)	Department (7)	Task (8)	Project (15 or Less)	Combo Code (35 or Less)	Activity (15 or Less)
	REG						
	REG						
	REG						

Length of Probation (Remember to check the [Labor Agreement](#) or [Civil Service Rules](#))
 None 3 Month 6 Month 12 Month Other

Tax Withholding (From W-4)	Fed Status	Fed Withholding Allowances	State Status	State Withholding Allowances
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Approved by:	Date	Entered in HRIS By	Date
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Hire Form - Part 2 (Supplemental Information)

Employee ID or Social Security Number		Employee Name			Hire Date (Start Date)	
MAILING ADDRESS (If different from home address (Optional)) Panel: Workforce Administration/Personal Information/Modify a Person /Contact Information						
Street Address		Apt #	City		State	Zip
ADDITIONAL OR FORMER NAME (Optional) Panel: Workforce Administration/Personal Information/Biographical/Additional Names						
Name Type (such as "Preferred" "Maiden" "Former" "Legal" etc.)		Name Part: <input type="checkbox"/> Full <input type="checkbox"/> Last <input type="checkbox"/> First		Name		
EMERGENCY CONTACT – PRIMARY Panel: Workforce Administration/Personal Information/Personal Relationships/Emergency Contact						
Contact Name (Last Name, First Name)			Relationship to Employee		Same address & phone number as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Apt #	City		State	Zip
Phone Numbers (Indicate Type such as Cell, FAX, Business, etc.)	Home Phone		Area Code		Phone Number	
	Other Phone		Area Code		Phone Number	
Type:						
EMERGENCY CONTACT - ADDITIONAL (Optional) Panel: Workforce Administration/Personal Information/Personal Relationships/Emergency Contact						
Contact Name			Relationship to Employee		Same address & phone number as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Apt #	City		State	Zip
Phone Numbers	Home Phone		Area Code		Phone Number	
	Other Phone:		Area Code		Phone Number	
Type:						
DRIVER'S LICENSE INFORMATION Panel: Workforce Administration/ Personal Information/ Biographical/Driver's License Data						
Driver's License Number		Type of License <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D		Endorsements <input type="checkbox"/> No <input type="checkbox"/> Yes		State Where Issued
						Expiration Date
ENTERED IN HRIS BY				DATE ENTERED:		PHONE:

Distribution: Original: Department Personnel File **Copy:** Employee

**NOTICE TO NEW HIRES: YOUR RIGHTS AS A SUBJECT OF DATA
(PLEASE READ THIS IMPORTANT INFORMATION)**

YOUR RIGHTS AS A SUBJECT OF DATA

In accordance with the Minnesota Government Data Practices Act we must inform you of your rights as a subject of data.

Some of the information required on the attached Hire Form is classified as private data under the Government Data Practices Act. We need this information in order to process your payroll and benefits and to maintain employment records as required by the City Charter.

Social Security Number is required as an identifier for payroll processing, tax withholding and reporting, processing benefits to which you are entitled, and maintaining employment history records as mandated by the City Charter and other laws. Your address is required so that your paycheck or direct deposit notice can be mailed to you. Your home phone number may be used to contact you if necessary. Your Date of Birth is required for benefits and pension administration. Emergency Contact information is requested (but not required) to allow us to quickly contact the person(s) you designate in case of an emergency. Your Driver's License information may be required if you will be driving City vehicles. Data requested for the Employment Eligibility Verification Form I-9 is required by federal law.

You are not legally required to supply race, gender, age, and disability data. If you supply that information, it will be used in summary form to monitor protected class employment and to meet federal, state and local reporting requirements.

If you choose to withhold essential data (other than race, gender, age, disability, phone numbers or emergency contacts) we may not be able to process your hire.

The data we collect about you is classified as either **PUBLIC** or **PRIVATE**. "Public" means that it is available to anyone who asks to see it. "Private" means that the data is only available to the person the information is about (you) and to staff who must see it in the normal course of conducting City of Minneapolis business, and as otherwise provided for by law. Data collected on, or in response to, your hire that is classified "Private" may be used by City of Minneapolis Human Resources and supervisory personnel who require access to the information in order to perform their job functions. It may be shared with a labor union, if applicable, with the Public Employee Retirement Association (PERA) or other organizations at your request. It may also be shared as required by current or future laws.

The following data which the City of Minneapolis collects on you as an employee is "Public":

Name, actual gross salary, salary range, contract fees, actual gross pension, the value and nature of employer-paid fringe benefits, the basis for and amount of any added compensation (such as expense reimbursements), job title, job description, your education and training background, previous work experience, the dates of first and last employment, your work location, work phone number, badge number, honors and awards received, payroll timesheets and other comparable data used only to account for your work time for payroll purposes (except to the extent that release of timesheet data would reveal the reasons for your use of sick leave, medical leave or other non-public data). Any information collected that is not classified as public (see above) is considered non-public, private or confidential. Some information regarding disciplinary actions is public depending on the status and results of the situation. When requests are received regarding disciplinary actions, City staff contacts the City Attorney's Office for clarification of what information is public.

Be advised, any information you provide as an applicant or employee during your service with the City of Minneapolis, may be used by the City for a variety of purposes under human resources rules, collective bargaining agreements or as required by law. This includes, but is not limited to, performance appraisals and discipline.

If you have any questions regarding your rights as a subject of data please contact:

**City of Minneapolis Human Resources Department
Public Service Center - 250 South Fourth Street - Suite 100
Minneapolis, Minnesota 55415-1339
(612) 673-3982**

Confidential Data Form - Human Resources Department
Note: To Be Completed By New Employees

Form Purpose: The City of Minneapolis has an Equal Employment Opportunity policy that includes diversity reporting requirements. Thus we ask that you complete the information requested on this form. Knowledge of your race, ethnicity, gender, age, disability status are necessary for monitoring the effectiveness of the programs implemented to fulfill this policy and to ensure compliance with Federal reporting requirements. Employees who do not identify their race or ethnic origin will be considered non-minority on future EEO reports. Those who do not denote their gender will be classified as male or female based on their name and/or by sight. This information will only be used for diversity purposes and will be maintained in a **confidential file**.

Name:	Employee #:
Department:	Start Date:
Job Title:	Telephone #:

I. GENDER – Check One:

Male Female

II. RACE/ETHNIC IDENTIFICATION – Check the one that best identifies you:

American Indian or Alaskan Native – All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent.

Black or African-American - All persons having origins in any of the Black racial groups of Africa.

Hispanic - All persons of Cuban, Mexican, Puerto Rican, Central and South America, or other Spanish culture or origin (regardless of race).

Native Hawaiian or Pacific Islander - All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White - All persons having origins in any of the peoples of Europe (including Spain), North Africa or the Middle East.

Two or More Races (Multi-Racial) - All persons having origins in two or more of the federally designated racial categories.

III. DISABILITY STATUS:

A. Do you consider yourself to be legally disabled? NO YES

B. If yes, do you require an accommodation? NO YES

Please return completed form to:

City of Minneapolis Human Resources Department
Strategic Workforce Solutions Division
250 South 4th Street, PSC - Room 100
Minneapolis, MN 55415-1339
Questions: (612) 673-3982

Notice of New Health Insurance Marketplace Coverage Options and Your Health Coverage

Effective Date: January 1, 2018

PART A: General Information

Key parts of the health care law took effect in 2014 which resulted in a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by the City of Minneapolis.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health coverage through the Marketplace begins in October each year for coverage starting January 1st of the following year.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. Your eligibility for premium savings depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer health coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the health coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.*

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose your employer's contribution (if any) to the employer's health coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about the City's health coverage, please check your summary plan description or contact City of Minneapolis, Human Resources/Benefits, 250 South 4th Street, Room 100, Minneapolis, MN 55415-1339, calling 612-673-2282

The Marketplace can help you evaluate your health coverage options, including your eligibility for health coverage through the Marketplace and its cost. For more information, including an online application for health coverage, please call 1-855-366-7873 or visit <http://www.mnsure.com/> if you are a Minnesota resident or, <https://www.healthcare.gov/> if you live in any other state for a Health Insurance Marketplace in your area.

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. (**NOTE:** The City's health plan is offered to employees working 30 or more hours a week and is designed to meet the Affordable Care Act's "minimum value" standard. The City's lowest cost non-wellness program plan for an individual has a monthly premium rate is \$24.00)

PART B: Information About Health Coverage Offered by the City of Minneapolis

This section contains information about any health coverage offered by the City of Minneapolis. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: City of Minneapolis	4. Employer Identification Number (EIN) 41-6005375	
5. Employer Address 350 South 5 th Street	6. Employer Phone Number 612-673-2282	
7. City Minneapolis	8. State MN	9. ZIP Code 55415
10. Who can we contact about employee health coverage at this job? Human Resources Benefits Consultant		
11. Phone Number (if different from above) 612-673-2282	12. Email Address hrstaff@minneapolismn.gov	

Here is some basic information about health coverage offered by the City of Minneapolis:

- As your employer, the City offers a health plan to certain employees. Eligible employees are employees who, at the time of hire, are regularly scheduled to work at least 30 hours per week or who average at least 30 hours of service per week during a 52 week measurement period.
- For 2018, the City's lowest cost plan for an individual (non-wellness rate) has a monthly premium of \$24.00.
- With respect to dependents, the City offers coverage. Eligible dependents include the eligible employee's spouse, the eligible employee's child, and any other person who qualifies as a dependent of the employee for the purposes of Sections 105 and 106 of the Internal Revenue Code of 1986, as amended from time to time, as clarified in Revenue Procedure 2008-48.
- The City's coverage is designed to meet the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
- Even though the City intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.
- If you purchase a health plan through the Marketplace instead of accepting health coverage offered by the City, then you will lose the City's contribution to the City's health coverage. Also, this City contribution—as well as your employee contribution to the City's health coverage—is excluded from income for Federal and State income tax purposes. Your payments for health coverage through the Marketplace are made on an after-tax basis

The Marketplace can help you evaluate your health coverage options, including your eligibility for health coverage through the Marketplace and its cost. For more information, including an online application for health coverage, please call 1-855-366-7873 or visit <http://www.mnsure.com/> if you are a Minnesota resident or, <https://www.healthcare.gov/> if you live in any other state for a Health Insurance Marketplace in your area.

I acknowledge receipt of this health insurance Marketplace notice.

Signature: _____

Date: _____

Employee: Please return the original, signed form to your supervisor and keep a copy for your records.

Supervisor: Please ensure that the original, signed form is filed in the employee's personnel file.