

WEST HENNEPIN PUBLIC SAFETY DEPARTMENT

NOTICE CONCERNING APPLICATION DATA

Application Data

Our application requests that you furnish both public and private data about yourself as defined by and pursuant to the Minnesota Government Data Practices Act (Chapter 14 of Minnesota Statutes). This information will be maintained through the time of your appointment with the West Hennepin Public Safety Department (WHPSD) and thereafter. If appointed, the Department may request that you supply this information at additional times in the future for the purposes indicated below. This information may also need to be updated periodically.

Purpose And Intended Use

The information collected in your application will be used to identify you, analyze your suitability for employment and facilitate contact with you. If appointed, the information will also be used to establish and maintain benefit and employee records. WHPSD may, in the future, make additional requests for this same information to facilitate administration of employee benefits, records and services. Updated information will be used to maintain the accuracy of the application information.

May You Refuse Or Are You Required To Use The Data

Supplying the data is not legally required.

Known Consequences Arising From Supplying Or Refusing To Supply The Requested Data

Refusal to supply the information requested may affect the ability to evaluate your application or to appoint you to the position. Supplying the requested data will assist us in evaluating your application and, if appointed, the status of your position and benefits. Refusal to supply updated information may affect the status of your position and benefits.

Identity Of Other Persons Or Entities Authorized To Receive The Data

The data may be distributed and used by WHPSD personnel and/or directly in the appointment of and maintenance of records on employees and members of their boards and commissions. The data may be used and disseminated to individuals or agencies specifically authorized access to the data by local, state or federal law or when approved by the State Commissioner of Administration or by you. The data may be used and disseminated to other entities providing or administering employee benefits and services, including but not limited to, WHPSD insurance providers.

The above information, as included in the application, will become part of our permanent records and may be reviewed by you upon request.

I have read and understand the provisions stated above regarding the use of information being requested of me as an applicant, employee, volunteer and/or member of a Board of Commission associated with the West Hennepin Public Safety Department.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____