

McLEOD COUNTY

Employment Application



Position applied for: _____

We welcome you as an applicant for employment! McLeod County is an equal opportunity employer and does not discriminate on the basis of race, color, sex, creed, religion, national origin, sexual orientation, age, marital status, disability, membership or activity in a local commission, or status with regard to public assistance. Individuals are evaluated and selected solely on the basis of merit.

******* NOTICE TO APPLICANTS *******

The MINNESOTA GOVERNMENT DATA PRACTICES ACT (MN Statutes Chapter 13) affects you as an applicant for employment with McLeod County. Under the law, the following data is automatically public:

1. Whether you are a veteran
2. Relevant test scores
3. Your rank on our eligible list
4. Your job history
5. Your education and training
6. Your work availability

Your name is considered private until you become a finalist for employment for McLeod County. You become a finalist when and if you are selected to be interviewed prior to selection. If you are hired for McLeod County, the following additional information about you will be public:

1. Your name
2. Your actual gross salary and salary range
3. Your actual gross pension
4. The value and nature of your fringe benefits
5. The basis for the amount of any added remuneration, such as expense or mileage reimbursement, in addition to your salary
6. Your job title
7. Your job description
8. The dates of your first and last employment with us
9. The status of any complaints or charges against you while you worked for McLeod County, whether or not they resulted in disciplinary action
10. The final outcome of any disciplinary action taken against you as an employee for McLeod County, and all supporting documentation about your case
11. Your city and county of residence
12. Your badge number, if any
13. Your work location and work telephone number
14. Honors and awards received
15. Date which accounts for the individual's work time

Anything not listed above which is placed in your application folder or personnel jacket (ex. letters of recommendation, performance evaluations, resumes, etc.) is made by this statute private information and will not be shared with anyone but those members of our staff who must use it to process your application, to file your personnel record, or to conduct normal McLeod County business. Also, the following agencies may be authorized by state or federal law to receive private information from your file in order to investigate specific complaints of employment discrimination: Federal Equal Employment Opportunity Commission and the Minnesota Human Rights Department. Otherwise, no private record of yours will be shared with any outside person or agency without your informed consent or a valid court order. Also, personnel data may be given to labor organizations to the extent necessary to conduct elections, notify employees of fair share fee assessments and to implement the Public Employees Labor Relations Act, and to the Bureau of Mediation Services, when it so orders.

You are not legally required to supply any of the data we ask for on your application, but if you choose to withhold it, we cannot consider your employment. If you do provide the data, your application will become part of your employee record.

Name _____ Date _____

PERSONAL INFORMATION

Complete all applicable areas. Do not mark your application "SEE RESUME". An incomplete application may reduce your opportunity for employment with McLeod County. Applications must be received by the application deadline. Late applications will not be considered.

(Please Type or Print in Ink)

POSITION APPLIED FOR _____
Title _____ Dept. _____

Name: _____
Last _____ First _____ Middle _____

Address: _____
Street _____ City _____ State _____ Zip Code _____

Phone Number: (____) _____ (____) _____
Home _____ Work _____

Are you over the age of 18? _____ yes _____ no

If under 18, state date of birth: _____

Driver's License Number: _____ State: _____ Type: _____

Are you presently an employee of McLeod County? _____ yes _____ no

If yes, present position: _____

Position appointment date: _____

Salary desired: _____ Date available: _____

Are you employed now? _____ yes _____ no

If yes, may we contact your present employer? _____ yes _____ no

If no, explain: _____

Do you have any special needs, which may necessitate accommodations in the application/interview process?
_____ yes _____ no

If yes, please describe the type of accommodation requested: _____

EDUCATIONAL INFORMATION

Educational Institution	Name and Address of Institution	Course of Study Major/Minor	Circle Last Year Completed	Did you Graduate	Diploma or Degree
High School or institution issuing GED			1 2 3 4		
College			1 2 3 4		
Other (Specify)			6 9 1 2 mos mos yr yr		

EMPLOYMENT HISTORY

Please give accurate, complete employment information. List your present or most recent experience first. Attach additional sheets if necessary.

DO NOT MARK YOUR APPLICATION "PLEASE SEE RESUME".

1. PRESENT EMPLOYER Phone Number: () _____

Your Title: _____ Employer: _____

Address: _____ From: _____ To: _____

Supervisor's Name & Title: _____

Number and Types of Positions You Supervised: _____

Reason for Leaving: _____

Principal Responsibilities (Be Complete): _____ % of Time: _____

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veterans preference points you must:

1. be 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, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; and
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it. YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you apply the supporting documentation by separate mail, your name and the position applied for must be included.

VETERAN'S PREFERENCE POINTS APPLICATION

Veteran <input type="checkbox"/> Self <input type="checkbox"/> Spouse		If spouse, veteran's name:	
Branch of Service:		Period of Active Duty From: _____ To: _____	
Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service No.:
Are you receiving or eligible for a military Pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a compensable service-related disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preference Requested: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran			

Your Preference points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner. Supporting documentation: is attached will be submitted within 7 days of application deadline

Signature: _____ **Date:** _____

<p>FOR OFFICE USE ONLY</p> <p>5 Points <input type="checkbox"/> 10 Points</p>
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2. FIRST PREVIOUS EMPLOYER Phone Number: (_____) _____

Your Title: _____ Employer: _____

Address: _____ From: _____ To: _____

Supervisor's Name & Title: _____

Number and Types of Positions You Supervised: _____

Reason for Leaving: _____

Principal Responsibilities (Be Complete): _____ % of Time: _____

3. SECOND PREVIOUS EMPLOYER Phone Number: (_____) _____

Your Title: _____ Employer: _____

Address: _____ From: _____ To: _____

Supervisor's Name & Title: _____

Number and Types of Positions You Supervised: _____

Reason for Leaving: _____

Principal Responsibilities (Be Complete): _____ % of Time: _____

VOLUNTEER OR UNPAID WORK EXPERIENCE

Kind of activity (Do not specify organization)

<u>Work Performed</u>	<u>#Hrs./Mo.</u>	<u>From</u>	<u>To</u>

Describe any additional experience or training that qualifies you for this position:

List any foreign languages spoken fluently: _____

TO BE COMPLETED BY APPLICANTS FOR ADMINISTRATIVE, PROFESSIONAL, FISCAL, AND CLERICAL POSITIONS ONLY:

Typing Ability: ____ yes ____ no Words per minute _____

List specific COMPUTER HARDWARE AND SOFTWARE with which you have knowledge:

<u>Type</u>	<u>Length of Time</u>
Training: _____	

Experience: _____

Current LICENSES/CERTIFICATES held (indicate license number and expiration date):

TO BE COMPLETED BY APPLICANTS FOR SKILLED TRADE POSITIONS ONLY

APPRENTICESHIP(s) served or trades learned: _____

List SPECIFIC EQUIPMENT with which you have experience: _____

Current LICENSES/CERTIFICATES held (indicate license number and expiration date): _____

REFERENCES: These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The County reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>

UNEXCUSED ABSENCES FROM WORK: How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family?

CRIMINAL BACKGROUND INFORMATION

Have you ever been convicted (or charged) with a misdemeanor or a felony? _____

If yes, please explain the nature of the charge and the circumstances. _____

Were you convicted and/or did you plead guilty? _____

The County may conduct a criminal background check on individuals upon making a contingent job offer. When a criminal check is necessary, no offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to the County, and formal approval by the appointing authority.

COMPLETE THIS SECTION ONLY IF YOU SERVED IN THE U.S. ARMED FORCES

Do you wish to claim Veteran's Preference? ____ yes ____ no

If yes, please complete the enclosed Veteran's Preference Form.

SHERIFF'S DEPARTMENT APPLICANTS ONLY

In consideration of being permitted to apply for the position herein, I voluntarily assume all risks in connection with my participating in any tests the county deems necessary to determine my fitness and eligibility, and I release and forever discharge the County of McLeod, its officials, officers, and employees from any and all claims for any damage or injury that I might sustain.

Signature _____ Date _____

EMPLOYEE CERTIFICATION

This document should not be construed as a binding employment contract or an offer of employment conditions other than those of an at-will employee. The county reserves the right to change these policies or otherwise alter conditions expressed in this document without notice as the county deems appropriate.

I certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) is cause for discharge. I understand that I am required to abide by all rules and regulations of McLeod County. I also understand that my employment would be contingent on my satisfactorily passing any employment physical examination and any other required examinations.

In connection with this application, **I hereby authorize** any and all former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the County and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the County will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

I hereby release the County and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason or requesting or providing such information.

Printed Name _____ Signature _____ Date _____

***Notice to Applicant:** If you do not agree with any portion of the acknowledgement, certifications, authorization and release, cross out that section and initial it.



How did you learn about this position?

- _____ Advertisement Publication: _____
- _____ Friend
- _____ Relative
- _____ Employment Agency. . .Name: _____
- _____ Walk-in
- _____ SchoolName: _____
- _____ Minnesota Workforce Center Website
- _____ McLeod County Website
- _____ Other _____