

APPLICATION FOR EMPLOYMENT WITH RED LAKE COUNTY

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. It is the policy of Red Lake County to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, age, or familial status.

DATA PRIVACY NOTICE: The information requested on this application is intended to be used by the County in determining suitability for employment for the position that you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the County being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the County may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the County without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

This position requires completion of a pre-employment drug screen and is subject to random drug screens during employment.

Position applying for: _____

Date available to begin employment: _____ Telephone #: _____

Name: _____
Last First Middle Initial

Address: _____
Street or PO Box City State, Zip

Are you either an U.S. citizen or legally eligible to hold employment in the United States? Yes No

Have you previously worked for the County? Yes No

If yes, position held/department: _____

If yes, under what name may your previous employment records be found? _____

Would you be willing to work overtime when required? Yes No

Do you have any special needs that may necessitate accommodations in the application/interview process?
 Yes No

If yes, please describe the type of accommodation requested:

List all other names under which you have been employed or under which your employment or educational records may be found.

EMPLOYMENT INFORMATION

Are you employed at present? Yes___ No___ May we contact your present employer? Yes___ No___

List **ALL** work experience below, whether or not relevant to this position, below. List the most recent (or current) employer first. Explain all gaps in employment. Use additional sheets if necessary.

Employer's Name _____ Street Address _____ City, State, Zip _____	Dates Employed From: _____ To: _____	Supervisor's Name
Job Title:	Part time: _____	Supervisor's Telephone #:
Nature of duties:	Full time: _____	
Reason for Leaving:		

Employer's Name _____ Street Address _____ City, State, Zip _____	Dates Employed From: _____ To: _____	Supervisor's Name
Job Title:	Part time: _____	Supervisor's Telephone #:
Nature of duties:	Full time: _____	
Reason for Leaving:		

Employer's Name _____ Street Address _____ City, State, Zip _____	Dates Employed From: _____ To: _____	Supervisor's Name
Job Title:	Part time: _____	Supervisor's Telephone #:
Nature of duties:	Full time: _____	
Reason for Leaving:		

EDUCATION

Are you a high school graduate or do you have a GED? Yes _____ No _____

High School	Name and Location:
-------------	--------------------

Business, Correspondence, Technical or Vocational School				
School Name and Location	No of Years	Did you Graduate?	If yes, degree.	Your major or course of study.

Relevant volunteer and unpaid work experience:

Kind of volunteer activity	Title / Duties	No. of hours per month

Are you physically able to do manual labor? Yes _____ No _____

Do you have a valid Minnesota Driver's License? Yes _____ No _____

If yes, what class? _____

Please list additional Driver's License Endorsements, if any, and Commercial License (current and prior):

What experience do you have with the following equipment:

- a. Tractor Mower –

- b. Motor Grader -

- c. Truck with trailer –

- d. Skid steer –

What experience do you have with welding and mechanical repairs?

If hired for this job, what qualities/assets would you bring to Red Lake County Highway Department?

What training skills or certificates do you hold that would be beneficial to this position?

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 that 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.

1. _____
Name Address Telephone Number Relationship

2. _____
Name Address Telephone Number Relationship

3. _____
Name Address Telephone Number Relationship

4. _____
Name Address Telephone Number Relationship

CRIMINAL BACKGROUND INFORMATION

The County may conduct a criminal background check on individuals upon making a contingent job offer. Please refer to the job description for this position to determine if such a check will be conducted. If the job description states that a criminal check will be conducted, 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.

VETERANS STATUS

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points? Yes No

Are you the spouse of a deceased honorably discharged veteran or disabled veteran who is unable to work due to such disability? Yes No

Do you wish to claim Veteran's Preference Points? Yes No

If you are a disabled veteran and wish to claim additional points, please check here.

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within five (5) business days.

PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment? Yes No

If so, identify the employer and describe the circumstances:

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?

CERTIFICATION, ACKNOWLEDGEMENT AND RELEASE

I **certify** that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes ground for my immediate dismissal should I be employed by the County.

I **understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the County Board or the appointing authority referenced in the job description and that until such approval that the County shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application I **hereby authorize** any and all current and former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application, or any agent of such a current or 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 (1) year from the date of my signature, below.

I **hereby release** the County all current and 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 of requesting or providing such information.

Date: _____ Signature: _____

(Do Not Print)

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

TENNESSEN WARNING

In accordance with the Minnesota Government Data Privacy Act, (M.S. 13.01-13.87) Red Lake County is required to inform you of your rights as they pertain to the information you provide when filling out your application.

Under the Act, the following information you provide is automatically available to the public:

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

Your name is considered private** until you become a finalist for employment with Red Lake County. You become a finalist when you have been chosen to come in for a personal interview prior to being hired. If you are hired, the following information about you will become public*:

1. Your name.
2. Your actual gross salary.
3. Your actual gross pension.
4. The value and nature of your fringe benefits.
5. Your job title.
6. Your job description.
7. Your starting & termination date with the county.
8. The final outcome of any disciplinary action.
9. Your final outcome of any disciplinary actions.
10. Your work location and work telephone number.
11. Honors and awards which you might receive.
12. Materials which support your work time.
13. The amount you receive in addition to salary for travel.
14. The status of any complaints, or charges against you while you were employed by Red Lake County and all documentation about your case.

Anything not listed above which is maintained in your personnel files is made private by this Act and will be shared with only those people who need it to process your application. The following agencies may be authorized to, by state and federal law, receive private information from your file: the Federal Equal Opportunity Commission, and the State Department of Human Rights or Civil Rights. No one else will have access to your private data without your formal consent or a valid court order.

PURPOSES AND USES

The information requested from you is used in the following manner:

1. To distinguish you from other applicants
2. To enable us to contact you with further information, schedule interviews, etc.
3. To enable Red Lake County to make sure that your rights to equal opportunity are properly handled.
4. To meet federal and state reporting requirements.

EFFECTS OF NON-DISCLOSURE

You are not required to provide all of the information requested on the application but failure to do so may result in your application being incomplete and therefore not being considered in the hiring procedure. The information contained on your application will become part of your personnel record.

*Public means that it is available to anyone who asks to see it.

**Private means that the information is available to only you and to the staff who must use it in the normal course of conducting Red Lake County business.

I have read the information on the Minnesota Data Practices Act.

Applicant's Signature

Date

*****PLEASE RETURN THIS SHEET WITH YOUR APPLICATION*****

Claim for Veteran's Preference

(Only for those candidates wishing to claim Veteran's Preference)

The eligibility requirements for Veteran's Preference are listed below. Read them carefully to see if you qualify. If you do, be sure to complete the next page. Anyone eligible for or receiving any Veteran's pension benefit based exclusively on length of military service is not eligible.

Veteran Eligibility for OPEN COMPETITIVE Examination (10 points)

A citizen or resident alien of the United States who was separated under honorable conditions from any branch of the Armed Forces of the U.S.: 1) after serving on active duty for 181 consecutive days, or 2) by reason of disability incurred while serving on active duty, or 3) who has active military service certified by the United States Secretary of Defense and discharged under honorable conditions.

Disabled Veteran Eligibility for OPEN COMPETITION Examination (15 points)

Must have a compensable service-connected disability as adjudicated by the United States Veteran's Administration or by the retirement boards of one of the several branches of the armed forces, which disability is existing at the time preference is claimed.

Disabled Veteran for PROMOTIONAL Examination (5 points)

Must, at the time of election to use preference, be entitled to disability compensation under laws administered by the Veterans Administration for a permanent service-connected disability rated at 50% or more and the position for which the veteran is applying must be the first promotion after securing public employment.

Spouse eligibility as SPOUSE OF A DECEASED OR DISABLED VETERAN

Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who because of the disability is unable to qualify for the particular position due to his/her disability, who would have or who does meet the criteria for one of the above listed preferences.

All Applicants Claiming Veteran's Preference must attach a Copy of Report of Separation (DD214)

If you are an eligible spouse of a deceased or disabled veteran, also submit the following: 1. Marriage Certificate; 2. Statement of Disability describing what prevents the veteran from performing the duties of the position for which you are applying (Spouse of Disabled Veteran only). 3. Certificate of Veteran's Death (Spouse of Deceased Veteran only).

TO CLAIM VETERAN'S PREFERENCE, FILL OUT THE FORM ON THE FOLLOWING PAGE

Claim for Veteran's Preference

NOTE: If you do not meet the eligibility requirements outlined on the preceding page, do not complete this section.

Name of Veteran: _____ Birthdate: _____
Last First Middle Mo. Day Yr.

Address _____
Street Apt or Box #

City/State/Zip _____

Did the veteran serve on military duty without interruption for 181 days or more? Yes No

Is the veteran a U.S. citizen? Yes No

Date of entry into service _____ Branch _____

Type of separation: Honorable
 Medical
 Honorable release from active duties and transfer to reserves
 Other

Are you now receiving or are you eligible to receive a monthly veteran's pension based on length of military service?
 Yes No

Disability Claim number _____ (Be sure this number is correct. If not available, put serial number (No. _____)). To speed processing, submit current documentary evidence of compensable disability, if available.

Percent of service connected disability _____%. Currently existing? Yes No

Date and amount of most recent disability payment _____ \$ _____
Mo. Day Yr.

State in which you filed _____. If not Minnesota, have records since been transferred to Fort Snelling?
 Yes No WHERE _____

For spouses of deceased veteran:

For spouses of disabled veterans:

Date of Death _____ Veteran's present occupation _____

Have you remarried? Yes No

Veteran's total earnings for employment for past 12 months \$ _____

I hereby claim veteran's preference for this examination and (swear/affirm) that the information given on this document is true and correct. I also authorize the release of necessary information by the Veteran's Administration to the Red Lake County Personnel Department.

Signature _____ Date _____ Social Security _____

ATTACH A COPY OF YOUR FORM D.D.214