APPLICATION FOR EMPLOYMENT WITH RED LAKE COUNTY

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. Red Lake County is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job-related experiences and other qualifications will be considered without discrimination on grounds of race, color, religion, creed, gender, national origin, age or disability, sexual orientation, familial status or any other legally protected status. All information provided in this application will be treated confidentially, and will be used only to help assure the best use of your abilities if you are employed by Red Lake County, This position will not require a medical exam.

Please Type or Print in ink

Date: _____ Telephone: _____

Name: _____
Last First Middle

Address: _____ _____
Street P.O. Box or Apt #

City/State/Zip: _____

Position applying for: _____ ☐ Seasonal Full-Time

☐ _____

Are you a citizen of the United States or do you have a visa allowing you to work in the United States in the work for which you are applying? Yes ☐ No ☐

On what date will you be available for work? _____

Would you work full time? _____ Part time? _____

If part-time, please specify days and hours: _____

Do you wish Veterans Preference? Yes ☐ No ☐

If yes, please complete the Claim for Veteran's Preference form which is attached

EMPLOYMENT INFORMATION

Are you employed at present? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Describe your experience below. List the most recent (or current) employer first, then the next *most* recent, and so forth (10 year minimum). Explain all gaps in employment. Use additional sheets if necessary.

Employer's Name Street Address	Dates Employed: From:	Supervisor's Name:
City State Zip	To:	
Job Title:	Part time ☐ Full time ☐	Supervisor's Telephone:
Nature of Duties:		
Reason for leaving:		

Employer's Name Street Address	Dates Employed: From:	Supervisor's Name:
City State Zip	To:	
Job Title:	Part time ☐ Full time ☐	Supervisor's Telephone:
Nature of Duties:		
Reason for leaving:		

Employer's Name Street Address	Dates Employed: From:	Supervisor's Name:
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Employer's Name Street Address	Dates Employed: From:	Supervisor's Name:
City State Zip	To:	
Job Title:	Part time ☐ Full time ☐	Supervisor's Telephone:
Nature of Duties:		
Reason for leaving:		

List any correspondence courses, special courses, seminars, workshops, training and skills acquired related to this position. List any current licenses, registrations or certifications that you possess:

_____

_____

_____

_____

_____

EDUCATION

How many years of schooling have you had: _____

Elementary School	Name and Location:
High School	Name and Location:

COLLEGE

School Name and Location	Years Attend	Year graduated	If graduated, degree	Your major or course emphasis	GPA

TECHNICAL SCHOOL

School Name and Location	Years Attend	Year graduated	If graduated, degree	Your major or course emphasis	GPA

MILITARY

Branch of Service:	Rank at separation:
Duties in Service:	
Military Service Schools:	

Is there any other information you would like to add which you feel is pertinent to the position for which you are applying?

_____

_____

_____

_____

_____

_____

_____

Please provide four (4) **job-related references** with complete address and telephone numbers of where the person may be contacted.

Name of Reference:_____

Address:_____

Phone Number: _____Title:_____

Name of Reference: _____

Address:_____

Phone Number: _____Title:_____

Name of Reference:_____

Address:_____

Phone Number: _____ Title:_____

Name of Reference:_____

Address:_____

Phone Number: _____Title:_____

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.

PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE.

1. Describe what your experience has been with the use of computers, computer programs, software, key boarding and other secretarial skills.

2. Describe any experience you have had with emergency service agencies (law enforcement, fire departments, and ambulance services).

3. Describe any strengths, skills, or attributes that you possess that would help you to succeed in this position.

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:

Date of Death _____

For spouses of disabled veterans:

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

R-01/15

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 list
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 actions
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 is 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 ⌘ ⌘ ⌘ ⌘

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Consent to Release Private Information

Applicant's full name and date of birth _____

Applicant's Social Security Number _____

By signing below, I authorize the Red Lake County Sheriff's Office to conduct a background investigation on me for consideration of employment with the Red Lake County Sheriff's Office. The Red Lake County Sheriff's Office may acquire any personal, financial, school, medical, divorce, criminal or any other records **I** may have on file. **I** agree to hold harmless anyone who releases records pursuant to this authorization for a period of thirty (30) days after **I** sign this form. This consent authorizes the Red Lake County Sheriff's Office to conduct a background investigation for that reason only.

I am an individual, to the requested information/record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. **I** declare under penalty of perjury in accordance with 28 C.F.R. 16.41(d)(2004) that **I** have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to $5,000.

_____ _____

Signature Date