

COUNTY OF KOOCHICHING
APPLICATION FOR CLASSIFIED PERSONNEL POSITIONS

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Koochiching 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, sex orientation, or age.

II. 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 which 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.

III. POSITION DESIRED

Title of position for which you are applying: _____

Date Available to Begin Employment: _____

IV. PERSONAL DATA

Name _____
Last First Middle

Address _____

Home Phone _____

Street City State Zip

Alternate Phone _____

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?

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:

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

V. WORK/VOLUNTEER EXPERIENCE

List **all** work and volunteer experience, most recent to be listed first.

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

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Job Title: _____
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Dates of Employment/Experience: _____
Reason for Leaving: _____

Employer Name: _____
Employer Address: _____
Job Title: _____
Job Duties: _____

Dates of Employment/Experience: _____
Reason for Leaving: _____

Attach additional sheets if necessary.

VI. LICENSURE

List current licenses, registrations, or certificates relevant to the position for which you are applying.

License/No.	Issued By	Date	Expiration

All applicable licenses or certifications must be received by the County Hiring Authority prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

VII. EDUCATION

Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent first.

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

List/describe any other training and/or experience relevant to the position for which you are applying:

VIII. 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.

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

IX. CRIMINAL BACKGROUND INFORMATION

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

If yes, please explain the nature of the charge and the circumstances:

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

Give the date, city, state and county where convicted:

The County may conduct a criminal background check on individuals upon making a contingent job offer. MN Statute 364 - Conviction of a crime related to the position for hire may result in applicant being rejected.

X. VETERAN 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 _____

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 _____

If claiming Veteran’s Preference Points please complete the attached Veterans Preference Points Application and provide the required military documentation.

XI. PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff? Yes _____ No _____
If so, identify the employer and describe the circumstances:

XII. PERSONAL STATEMENT

Please indicate why you are interested in the position and what you hope to accomplish if selected.

XIII. 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? _____

XIV. CERTIFICATION, ACKNOWLEDGEMNT 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 grounds 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 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 of requesting or providing such information.

Date _____

Signature _____

(Do Not Print)