

**COUNTY OF KOOCHICHING
APPLICATION FOR CLASSIFIED PERSONNEL POSITION**

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 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 _____ Soc. Security Number ____ - ____ - _____

Last, First, Middle

Address _____ Home Phone _____

Alternate Phone _____

Street, 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?

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:

Reason for Leaving:

Employer Name:

Employer Address:

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:

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
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All applicable licenses or certifications must be received in the Personnel Office 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 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 of a felony, gross misdemeanor or misdemeanor for which a jail sentence may be imposed? _____

If yes, please explain the nature of the conviction:

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

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

MN Statute 364.03 - 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 yes, please complete the attached Veterans Preference Points Application.

XI. PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment? _____

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, 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 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 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)

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

ADDENDUM VETERANS 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 MN 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, or who has met the minimum active duty requirement as defined by section 3.12a of Title 38, Code of Federal Regulations, or who has active military service certified under section 401, Public Law Number 95-202. The active military service must be certified by the United States Secretary of Defense as active military service and a discharge under honorable conditions must be issued by the Secretary. Section 3.12a, Title 38, Code of Federal Regulations: "minimum period of active duty" means...(ii) the full period for which a person was called or ordered to active duty; 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 veterans 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 supply the supporting documentation by separate mail, include your name and the position applied for. _____

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? YES _____ NO _____

If you answered "yes" your DD214 or other documentation must be received no later than 7 days after the application deadline for the position. _____

VETERANS PREFERENCE POINTS APPLICATION

Veteran:

____ Self ____ Spouse If spouse, veteran's name: _____

Branch of Service: _____ Period of Active Duty: from _____ to _____

Rank Discharge Type of Discharge: Date of Final Discharge
at _____

Servic No. _____

Are you receiving or eligible for a military pension? YES _____ NO _____

Do you have a compensable service related disability? YES _____ NO _____

Preference Requested: Veteran _____ Disabled Veteran _____
Spouse of Disabled Veteran _____ 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 _____