

EDUCATION

High School	Name & Location
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Business, Correspondence, Technical or Vocational School	
School Name and Location	Course of Study

College	
School Name and Location	Course of Study

WORK EXPERIENCE

Are you employed at present? Yes No
 May we contact your present employer? Yes No

List a complete account of your work experience.

1. Give your present or most recent experience first.
2. Be complete. Experience and training ratings are bases on this information and your score may depend on it.

Employer's Name:	Dates Employed:
Street Address:	From:
City, State, Zip:	To:
Job Title:	Part time Full time
Nature of duties:	Supervisor's Name:
	Supervisor's Telephone:
Reason for leaving:	Starting Salary:
	Ending Salary:

Employer's Name:	Dates Employed
Street Address:	From:
City, State, Zip:	To:
Job Title:	Part time Full time
Nature of duties:	Supervisor's Name:
	Supervisor's Telephone:
Reason for leaving:	Starting Salary:
	Ending Salary:

Employer's Name:	Dates Employed
Street Address:	From:
City, State, Zip:	To:
Job Title:	Part time Full time
Nature of duties:	Supervisor's Name:
	Supervisor's Telephone:
Reason for leaving:	Starting Salary:
	Ending Salary:

Relevant volunteer and unpaid work experience:

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

EXPERIENCE/TRAINING

Please indicate the actual number of months experience or training you have in each of the following areas:

	Operation of Suburban or pickup pulling trailer.		Minor servicing and repair of various equipment
	Recordkeeping skills		Operation of light trucks
	Operation of Tractor/Loader		General servicing of pickups
	Chainsaw		Heat-A-Mixer
	Brush Saw		Lawn Mower
	Roller		

Are you physically able to do manual labor? Yes No

Are you a high school graduate or do you have a GED? 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:

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

JOB REFERENCES

Please list three job-related references with telephone numbers of where they can be contacted:

- 1. Name Relationship to applicant Telephone number

- 2. Name Relationship to applicant Telephone number

- 3. Name Relationship to applicant Telephone number

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.

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: Last First Middle Birthdate: 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, list serial number:

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 number

ATTACH A COPY OF YOUR FORM D.D.214

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 | 3. Your rank on our eligibility test | 5. Your job history |
| 2. Relevant test scores | 4. Your education and training | 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. | 8. The final outcome of any disciplinary action. |
| 2. Your actual gross salary. | 9. Your final outcome of any disciplinary actions. |
| 3. Your actual gross pension. | 10. Your work location and work telephone number. |
| 4. The value and nature of your fringe benefits. | 11. Honors and awards which you might receive. |
| 5. Your job title. | 12. Materials which support your work time. |
| 6. Your job description. | 13. The amount you receive in addition to salary for travel. |
| 7. Your starting & termination date with the county. | 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*****