

COUNTY OF BIG STONE

APPLICATION FOR EMPLOYMENT

Courthouse

20 Second Street SE

Ortonville, MN 56278

Phone: 320-839-6388 Fax: 320-839-6389

We welcome you as an applicant for employment! Before completing the application form, please read the following notice.

Big Stone County is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation or age.

DATA PRIVACY NOTICE

The information requested on this application is intended to be used by Big Stone 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 requested information. 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.

PURPOSES AND USE OF INFORMATION

The information requested on the application form is used to distinguish you from other applicants, to enable us to contact you when additional information is required, to schedule interviews, to enable us to insure your rights to equal opportunities, to meet federal and state reporting requirements, to make processing more efficient, and for other purposes deemed necessary in the administration of personnel in Big Stone County.

EFFECTS OF NON-DISCLOSURE

You are not legally required to supply any of the data we ask for on the application. However, if you choose to withhold it, your application will not be complete and you may not be considered for employment. If you provide the data, your application will be considered, and if you are employed, the information you have given us will become part of your employment record.

APPLICATION FOR EMPLOYMENT

Complete all applicable areas. Do not mark your application "see resume". An incomplete application may reduce your opportunity for employment with Big Stone County. Applications must be received by the application deadline. Late applications will not be considered. Please fill out all pages fully and accurately. Please type or print in ink.

TITLE OF SPECIFIC POSITION FOR WHICH YOU ARE APPLYING

Title: _____

Department _____

Date _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone number: (_____) _____ (_____) _____
Home Alternate

E-Mail Address: _____

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

Have you previously worked for Big Stone 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:

EMPLOYMENT DESIRED

Type of employment desired: _____ full-time _____ part-time _____ seasonal/temporary

Salary desired: _____ Date available: _____

EDUCATIONAL INFORMATION

Circle the highest grade completed:

Elementary

High School

College

Post Graduate

1 2 3 4 5 6 7 8

9 10 11 12 GED

13 14 15 16

MA MS PHD JD

Did you graduate from high school? _____ Yes _____ No Name of high school: _____

Name and location of college, university
and/or technical schools

Number of years
attended

Major/minor or
study area

Degree
received

EMPLOYMENT HISTORY

Please give accurate, complete employment information. List your present or most recent experience first. Attach additional sheets if necessary. List ALL work experience, whether or not relevant to this position. DO NOT MARK YOUR APPLICATION "PLEASE SEE RESUME".

Current/ Most Recent Employer: _____

Address: _____

Phone Number: (_____) _____ Current/Most Recent Position: _____

Employed From: _____ To: _____ Supervisor: _____ May we contact this employer? _____

Number and types of positions you supervised: _____

Reason for Leaving: _____

Principal responsibilities (be complete): _____ % of time:

First Previous Employer: _____

Address: _____

Phone Number: (_____) _____ Most Recent Position Held: _____

Employed From: _____ To: _____ Supervisor: _____ May we contact this employer? _____

Number and types of positions you supervised: _____

Reason for Leaving: _____

Principal responsibilities (be complete): _____ % of time:

Second Previous Employer: _____

Address: _____

Phone Number: (_____) _____ Most Recent Position Held: _____

Employed From: _____ To: _____ Supervisor: _____ May we contact this employer? _____

Number and types of positions you supervised: _____

Reason for Leaving: _____

Principal responsibilities (be complete): _____ % of time:

JOB RELEVANT VOLUNTEER OR UNPAID WORK EXPERIENCE

Kind of activity (Do not specify organization)	Work performed	#Hrs./mo.	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DESCRIBE ANY ADDITIONAL EXPERIENCE OR TRAINING THAT QUALIFIES YOU FOR THIS JOB

TO BE COMPLETED BY APPLICANTS FOR ADMINISTRATIVE, PROFESSIONAL, FISCAL, AND CLERICAL POSITIONS ONLY

List specific **COMPUTER HARDWARE AND SOFTWARE** with which you have...

Type	Length of Time
Training: _____	_____
_____	_____
Experience: _____	_____
_____	_____
Current LICENSES/CERTIFICATES held (indicate license number and expiration date): _____	

All applicable licenses or certificates must be received in the Human Resources office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

TO BE COMPLETED BY APPLICANTS FOR LABOR/MAINTENANCE AND SKILLED TRADE POSITIONS ONLY

APPRENTICESHIP(s) served or trades learned: _____

List SPECIFIC EQUIPMENT with which you have experience: _____

Current LICENSES/CERTIFICATES held (indicate license number and expiration date): _____

REFERENCES: List people who know you well, preferably from a work environment. Do not refer to an acquaintance or relative. 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	Address	Occupation	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CRIMINAL BACKGROUND INFORMATION

The County will request information regarding criminal history in the event that you become a finalist for the position for which you are applying. For certain positions, criminal background information will be requested during the application stage. Further, the County may conduct a criminal background check on individuals upon making a contingent job offer. No offer of employment shall become final until receipt of the results of the criminal background check from the BCA or other agency, the content of which is acceptable to the County, and formal approval by the appointing authority.

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

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 or forward it within five (5) business days.

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: _____

PERSONAL STATEMENT

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

UNEXCUSED ABSENCE 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, ACKNOWLEDGMENT 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 until such approval 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 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, of any and all liability of whatever nature by reason of requesting or providing such information.

Applicant’s Signature

Date

SHERIFF'S DEPARTMENT APPLICANTS ONLY

In consideration of being permitted to apply for the position herein, I voluntarily assume all risks in connection with my participating in any tests the County deems necessary to determine my fitness and eligibility and I release and forever discharge the County of Big Stone, its officials, officers, and employees from any and all claims for any damage or injury that I might sustain.

Applicant's Signature

Date

APPLICANT..... PLEASE COMPLETE

We would appreciate your cooperation in completing the following section. Please enclose this form with your application.

APPLICANT TRACKING DATA

The information requested below is voluntary and will be used to assist Big Stone County in monitoring Equal Employment Opportunity and Affirmative Action programs as required by law. Refusal to complete this section will not affect your opportunities for employment. The information in this area is confidential and will be separated from your employment application.

Name: _____ Position applied for: _____

Referral source:

____ Employment Agency ____ Job Service ____ Walk-In ____ Employee Referral ____ Community Agency Referral

____ Newspaper Ad (specify paper _____) ____ College Relations ____ Other

Gender (check one): ____ male ____ female

Race or ethnic group (check one): ____ White ____ Black ____ Hispanic ____ American Indian/Native Alaskan
____ Asian/Pacific Islander

Do you have a disability?: ____ yes ____ no

If yes, please describe: _____

VETERAN'S PREFERENCE

The following summarizes the major points of M.S. 43A.11 as amended, which now governs the granting of veteran's preference at both the state and local levels. This chapter may be ordered from the Documents Section, Department of Administration, 117 University Avenue, St. Paul, Minnesota 55155.

A. GENERAL REQUIREMENTS:

Applicants must meet all of the following to qualify for any preference points:

- 1) Meets qualifications of position and/or received final passing score in the exam process without addition of preference points.
- 2) Separated under honorable conditions from any branch of the armed forces of the United States.
- 3) Served on active duty for 181 consecutive days or more or was separated by reason of disability incurred while in service on active duty.
- 4) Is a United States citizen.
- 5) Is not eligible for or currently receiving a monthly veteran's pension benefit based on length of military service.

B. POINTS GRANTED:

- 1) Ten (10) points granted to a non-disabled veteran who meets all of the General Requirements.
- 2) Ten (10) points granted to spouse (if not remarried) of a deceased veteran who meets all of the General Requirements.
- 3) Fifteen (15) points granted to a disabled veteran who meets all of the General Requirements if:
 - a) The veteran has a compensable service-connected disability as judged by the United States Veterans Administration or by the Retirement Board of the Branch of the Armed Forces; and
 - b) The disability exists at the time of preference is claimed.
- 4) Fifteen (15) points granted to the spouse of a disabled veteran who meets all of the General Requirements and the requirements listed in 3 above, but who is unable to qualify because of the disability.

VETERAN'S PREFERENCE DECLARATION

DIRECTIONS: Complete **either** item number **1** or item number **2** below, sign, and insert this form into the completed application form.

1. I am eligible to receive _____ preference points and certify that I am eligible to receive the preference so declared based on my understanding of the provisions of Minnesota Statutes 43A.11. I further certify that I served in the following branch of the armed forces of the United States: _____ on active duty for 181 or more consecutive days from: _____ to _____ and was separated under:
_____ Honorable Conditions
_____ Disability incurred while serving on active duty.

(Please include a copy of your DD 214)

I am not eligible for or currently receiving a monthly veteran's pension benefit based exclusively on length of military service. If I have declared fifteen (15) preference points, I hereby certify that I am a disabled veteran with a compensable service connected disability as judged by the U.S. Veteran's Administration or by the retirement boards of the branches of the armed forces, that the disability exists at this time, and that the disability would not, to the best of my knowledge, prevent me from completely performing essential functions of the position I have applied for.

Signature

Printed Name

Date

2. I do not claim veteran's preference points.

Signature

Printed Name

Date

PLEASE RETURN COMPLETED FORM WITH APPLICATION