

Application for Employment

An Equal Opportunity Employer

Position Applied For:

Type of Employment Desired: Full-time Part-Time Temporary On-call

Date Available for Work:

Dear Applicant:

Thank you for your interest in employment with Mower County!

Equal Employment Opportunity: It is the policy of Mower 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, sexual orientation, or age.

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. 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.

Application Instructions/Selection Process:

- Applications are only accepted as positions are available and remain active for one year after submission. Resumes are not accepted in lieu of applications. If a resume is submitted, please do not include personal information (birth date, marital status, etc.)
- Complete the Mower County application clearly, accurately, and in its entirety. If you do not do this, you may not meet the position's screening criteria and/or be removed from further consideration because of an incomplete application.
- Experience section specifics:
 - List your present or most recent experience first. Only include paid experience; do not list unpaid or volunteer experience unless specifically requested.
 - List each promotion separately; even it was in the same organization.
 - If you attach additional information sheet(s), include all the information requested on the application.
 - To receive proper credit for your experience, list the five most important and/or time-consuming responsibilities you performed in each position and the percentage of time

spent performing each function. Do not include duties that you performed only on an occasional basis.

- Your completed application must be physically received (faxed, emailed, or original) by Mower County Human Resources by the published closing date. We do not accept applications received after the closing date, even if they are postmarked by that date. Mower County Human Resources is not responsible for the failure of others, including the U.S. Post Office, to forward applications to us before the deadline.
- If you have special needs which may necessitate accommodations during the application, interview, and/or testing process, please contact Human Resources so that reasonable efforts can be made to accommodate your needs.
- **Criminal Background Information:** The County will request information regarding criminal history in the event that you become a finalist for the position 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. Please refer to the job description for this position to determine if such a check will be conducted. If the job description states that a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check, the content of which is acceptable to the County, and formal approval by the appointing authority.
- Drug Testing is conducted post-offer for individuals offered positions in the Sheriff's Office and in the Highway Department if they are required to operate equipment. Such offers of employment will be offered contingent upon passing the drug test.

Section 1: Personal Information

Last Name:			First Name:			Middle Initial:		
Please list any other names under which you have been employed or which your educational records may be found:								
Street Address:								
City:			State:			Zip:		
Contact Number 1:			Please check: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular					
Contact Number 2:			Please check: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular					
E-mail Address:								
Are you at least 18 years of age?			<input type="checkbox"/> Yes			<input type="checkbox"/> No		
Are you legally eligible to hold employment in the United States and able to provide documentation of your eligibility post-offer?			<input type="checkbox"/> Yes			<input type="checkbox"/> No		
Have you previously worked for Mower County?			<input type="checkbox"/> Yes			<input type="checkbox"/> No		
If yes, please indicate the time period worked, position held, and previous supervisor:								
Are you able to perform the essential functions of the position you are applying for with or without reasonable accommodation?			<input type="checkbox"/> Yes			<input type="checkbox"/> No		

Section 2: Education/Job Qualifications

Did you graduate from high school? Yes No GED
 If yes, please indicate name of high school and location:

Please complete noting any additional education/coursework.

Type of School	School Name	School Address	Course of Study	Did you receive a diploma or degree?
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
Technical/Vocational				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress

Computer Skills (Please complete this section if it is relevant to the position you are applying for)

Typing Speed words per minute

Indicate your level of experience with computer software/programs using the following scale:

N=No experience

G=General experience (less than 2 years of home or work-related experience)

E=Experienced (more than 2 years and less than 5 years of work-related experience)

P=Professional (5 or more years of work-related experience)

<i>Microsoft Word</i>	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P	<i>Microsoft Excel</i>	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P
<i>Microsoft Access</i>	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P	<i>Microsoft Power Point</i>	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P
<i>Microsoft Outlook</i>	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P	<i>Internet Explorer</i>	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P

Please indicate any other computer software/programs in which you are experienced and your level of proficiency using the scale described above.

Licenses/Certifications (Please complete this section if it is relevant to the position you are applying for)

If position requires driving:

Do you have a valid driver's license? Yes No Class

Please list any **current** licenses or certifications relevant to the position for which you are applying.

Section 3: Work Experience

Provide the following information regarding your work history beginning with your most recent employment first. Include only paid employment unless otherwise noted in the job posting. For the purposes of this section, list employment held in the past five years and any employment held outside of the past five years that may be relevant to the job position you are applying for. Do not write “see resume” – you may submit additional sheets in this format if more space is necessary. Refer to the instructions on page 1 of this application for further details regarding proper completion of this section.

Current or Most Recent Employer

Employer Name:
 Employer Address:
 City: State: Zip
 Phone Number:
 Immediate Supervisor's Name:
 Position title held:

Employment Dates
From: (mo/year) _____
To: (mo/year) _____
Total: (years – months) _____
Average hours per week: _____

Major duties or responsibilities	Percent of time spent performing duties
1	
2	
3	
4	
5	

Reason for leaving:

Previous Employer

Employer Name:
 Employer Address:
 City: State: Zip
 Phone Number:
 Immediate Supervisor's Name:
 Position title held:

Employment Dates
From: (mo/year) _____
To: (mo/year) _____
Total: (years – months) _____
Average hours per week: _____

Major duties or responsibilities	Percent of time spent performing duties
1	
2	
3	
4	
5	

Reason for leaving:

Previous Employer

Employer Name:

Employer Address:

City: State: Zip

Phone Number:

Immediate Supervisor's Name:

Position title held:

Employment Dates

From: (mo/year) _____

To: (mo/year) _____

Total: (years – months) _____

Average hours per week: _____

Major duties or responsibilities	Percent of time spent performing duties
1	
2	
3	
4	
5	

Reason for leaving:

Previous Employer

Employer Name:

Employer Address:

City: State: Zip

Phone Number:

Immediate Supervisor's Name:

Position title held:

Employment Dates

From: (mo/year) _____

To: (mo/year) _____

Total: (years – months) _____

Average hours per week: _____

Major duties or responsibilities	Percent of time spent performing duties
1	
2	
3	
4	
5	

Reason for leaving:

Additional Employment Information

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 yes, please identify the employer and describe the circumstances:

How many days were you inexcusably absent from work during the preceding three years other than absences due to illness or injury of you or your immediate family?

Section 4: References

Persons listed below as references should be 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. Do not list acquaintances or relatives. The County reserves the right to contact all prior employers, educational institutions, or institutions where you have volunteered in addition to the references listed below.

Name	
Address	
Phone number	
Job Title	

Name	
Address	
Phone number	
Job Title	

Name	
Address	
Phone number	
Job Title	

Section 5: Veteran Status

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within five business days.

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:

How did you learn about employment with Mower County?

- | | | |
|--|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Mower County website | <input type="checkbox"/> College Recruitment |
| <input type="checkbox"/> External website - please list: | | |
| <input type="checkbox"/> Other source – please describe: | | |

Section 6: 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 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 _____