

# MARTIN COUNTY APPLICATION FOR EMPLOYMENT

Before completing the application form, please read the following notice to applicants.

Martin County does not discriminate on the basis of race, color, national origin, sex, religion, age, marital status, political affiliation or handicapped status in employment.

## HOW THE MINNESOTA DATA PRACTICES ACT AFFECTS YOU

In accordance with the MN Government Data Practices Act (M.S. 13.01-13.87) Martin County is required to inform you of your rights as they pertain to the information you provide when filling out the Application for Employment.

Under the Act, the following information is automatically available to the public:

1. Whether you are a veteran
2. Relevant test scores
3. Your rank on our eligible list
4. Your job history
5. Your education and training
6. Your work availability

Your name is considered private until you become a finalist for employment by Martin County. You become a finalist when and if you are selected to be interviewed prior to being employed. If you are hired, you will be notified of the additional information about you that will become public.

Any information not listed above which accompanies your application is made by this statute private information, and will not be shared with anyone but you, and those members of our staff who must use it to process your application and to conduct normal Martin County business. Also, the following agencies may be authorized by state or federal law to receive information from your file in order to investigate specific complaints of employment discrimination: the Federal Equal Employment Opportunity Commission, and the state departments of Human Rights or Civil Rights. Otherwise, no private record of yours will be shared with any outside person or agency without your informed consent or a valid court order.

## PURPOSES AND USES

The information requested is used for the following reasons:

- to distinguish you from all other applicants
- to enable us to contact you when additional information is required, to send you notices and/or to schedule interviews
- to enable us to ensure your rights to equal opportunities
- to meet federal and state reporting requirements
- to make processing more efficient

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in Martin County and the policies, rules and regulations promulgated pursuant thereto.

## EFFECTS OF NON-DISCLOSURE

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

I understand that this application is not a contract of employment. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by Martin County.

I have read the information above on Minnesota Data Practices and the Martin County non-discrimination policy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# MARTIN COUNTY

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

FILL OUT ALL PAGES FULLY AND ACCURATELY. PLEASE USE INK OR TYPEWRITER.

No employment contractual relationship exists between Martin County and the employee. Employees are at will employment with Martin County.

TITLE OF POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE INITIAL)	Are you between the ages of 18 and 70? Yes <input type="checkbox"/> No <input type="checkbox"/>
PRESENT MAILING ADDRESS: Street _____ City _____ State, Zip _____	Home Phone _____ Work Phone _____ Message Phone _____

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, do you have a work visa? 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? \_\_\_\_\_

WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING? (Check only those types you will accept)

\_\_\_\_ FULL TIME    \_\_\_\_ TEMPORARY (UP TO 6 MOS)    \_\_\_\_ SUMMER ONLY  
\_\_\_\_ PART TIME    \_\_\_\_ SEASONAL-INTERMITTENT

WHEN WILL YOU BE AVAILABLE FOR EMPLOYMENT (Check one of the following)

NOW       BEGINNING \_\_\_\_\_       UPON \_\_\_\_\_ WEEKS NOTICE TO PRESENT EMPLOYER

If the job requires working weekends and/or nights, would you be willing to accept it? Yes \_\_\_\_\_ No \_\_\_\_\_

## MILITARY • Complete this section if you served in the U.S. Armed Forces

Branch of Service \_\_\_\_\_ Served \_\_\_\_\_ to \_\_\_\_\_

Describe any special training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 (5) business days.**

## PERSONAL STATEMENT

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

**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 below.)

Name and Occupation	Address	Phone Number

## EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. DO NOT WRITE "SEE RESUME."

Company Name	Telephone Number
Address	Dates of Employment
Name of Supervisor	Reason for Leaving
State Job Title and Describe Your Work	

Company Name	Telephone Number
Address	Dates of Employment
Name of Supervisor	Reason for Leaving
State Job Title and Describe Your Work	

Company Name	Telephone Number
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Address	Dates of Employment
Name of Supervisor	Reason for Leaving
State Job Title and Describe Your Work	
* Attach additional sheets if necessary.	

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT: \_\_\_\_\_

## EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. YRS. COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE					

## EDUCATION (Continued)

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. YRS. COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL					
OTHER (SPECIFY)					

**LICENSURES:** List current licenses, registrations, or certificates relevant to the position for which you are applying. All applicable licenses or certifications must be received in the Personnel Office prior to employment commencing. If hired, you remain responsible of ensuring that all applicable licenses remain in effect.

<u>License / No.</u>	<u>Issued By</u>	<u>Date</u>	<u>Expiration</u>

What special skills do you have, i.e. typing, shorthand, supervisory, skilled crafts, maintenance, drafting, etc.?  
 \_\_\_\_\_  
 \_\_\_\_\_

What machines or equipment do you operate, i.e. calculating, duplicating, construction equipment, power tools, etc.?  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you speak any language other than English: Specify: \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_\_\_

Can you perform the essential functions of the above position(s) with or without accommodations?  Yes  No

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. 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.

Have you ever been discharged or forced to resign from prior employment?  Yes  No

If yes, identify the employer and describe the circumstances: \_\_\_\_\_  
 \_\_\_\_\_

*If special accommodations are required for the interview process, please notify the County when contacted regarding an interview.*

*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, the content of which is acceptable to the County, and formal approval by the appointing authority.*

RELEVANT VOLUNTEER AND UNPAID WORK EXPERIENCE				
KIND OF VOLUNTEER ACTIVITY	YOUR TITLE / DUTIES	HRS. PER MO.	YEARS From	To

**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 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 ("volunteered organizations") and references named in this application, or any agent of such a current or former employer or volunteer organizations unless otherwise indicated, to release to the County and its agents any and all information regarding my job performance and 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 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 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) \_\_\_\_\_