

COUNTY OF BIG STONE

APPLICATION FOR EMPLOYMENT

Courthouse
20 – Second Street S E
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, sex, creed, religion, national origin, age, marital status, disability, membership or activity in a local commission, status with respect to receipt of public assistance, and affectional orientation/perceived affectional orientation. Individuals are evaluated and selected solely on basis of merit.

HOW THE DATA PRACTICES ACT AFFECTS THE APPLICANT

The Minnesota Government Data Practices Act requires us to inform you of your rights as they pertain to the information you provide when filling out the Application for Employment. Under the Act, certain application information is considered public. This information includes test scores, status as a veteran, job history, education and training, and work availability.

Your name is private until you are selected to be interviewed for employment by Big Stone County. If you are hired, you will be notified of the additional information about you that will become public. Information not listed above which accompanies your application is made private by law, 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 Big Stone County business. Other agencies may be authorized by state or federal law to receive information from your file to include the Federal Equal Employment Opportunity Commission, and the state departments of the Human Rights or Civil Rights. Otherwise, no private record of you will be shared with any outside person or agency without your formal consent or valid court order.

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.

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

Applicant's Signature _____ Date _____

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 Work

E-Mail Address: _____

Are you over the age of 18?: _____ yes _____ no If under 18, state date of birth: _____

Driver's license number: _____ State: _____ Type: _____

Are you presently an employee of Big Stone County?: _____ yes _____ no

If yes, present position: _____ Position appointment date: _____

Last position held: _____ Dates of Employment: _____

EMPLOYMENT DESIRED

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

Salary desired: _____ Date available: _____

Are you employed now? _____ yes _____ no If yes, may we contact your present employer?: _____ yes _____ no

If no, explain: _____

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. 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 person? _____

Number and types of positions you supervised: _____

Total yrs./mos. Worked: _____ 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 person? _____

Number and types of positions you supervised: _____

Total yrs./mos. Worked: _____ 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 person? _____

Number and types of positions you supervised: _____

Total yrs./mos. worked: _____ 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):

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.

Name	Address	Occupation	Home Phone	Work Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

THIS SPACE FOR OFFICE USE ONLY

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. 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 from the BCA or other agency, the content of which is acceptable to the County, and formal approval by the appointing authority.

IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION

Minnesota law affects you as an applicant for employment with the County of Big Stone. The following data is public information and is accessible to anyone: veteran’s status, relevant test scores, rank on eligibility list, education and training, job history, and work availability. All other personally identifiable information is considered private, including but not limited to your name, home address, and phone number. As an applicant, your name is considered private unless you are selected to be interviewed by the appointing authority prior to selection.

The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position for which you are applying. You may legally refuse, but refusal to supply the requested information will mean that your application for employment may not be considered.

If you are selected for employment with the County, the following additional information about you will be public: name, actual gross salary, salary range; contract fees; actual gross pension; the value and nature of employer paid fringe benefits; the basis for and the amount of any added remuneration, including expense reimbursement in addition to salary; job title; job description; education and training background; previous work experience; date of first and last employment; the status of any complaints or charges against the employee whether or not the complaint or charge resulted in a disciplinary action; the final disposition of any disciplinary action and supporting documentation; work location; a work telephone number; badge number; honors and awards received; payroll time sheets or other comparable data entry that are only used to account for employee’s work time for payroll purposes, except to the extent that release of time sheet data would reveal the employee’s reasons for the use of sick or other medical leave or other not public data; and city and county of residence. Anything not previously listed which is placed in your application folder or your personnel file (such as medical information, letters of recommendation, resumes, etc.) is made private information by law.

I understand that any falsified information or significant omissions on either the application or during my interview may disqualify me from further consideration for employment and may be considered justification for dismissal. I authorize investigation of all statements contained in this application or made during my interview for employment as may be necessary in arriving at an employment decision. I release such employers and individuals from all liability for damages whatsoever that may arise from furnishing this 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 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) Five (5) points granted to a non-disabled veteran who meets all of the General Requirements.
- 2) Five (5) points granted to spouse (if not remarried) of a deceased veteran who meets all of the General Requirements.
- 3) Ten (10) 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) Ten (10) 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 ten (10) 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