



Cottonwood County

Application for Employment

<http://www.co.cottonwood.mn.us>

We welcome you as an applicant for employment with Cottonwood County. It is our goal to develop a work force of competent, caring people to perform the many important and valued duties within county government.

Name (Last, First, MI) _____	Home Phone _____
Mailing Address _____	Message/Cell Phone _____
City, State, Zip _____	Work Phone _____
	E-mail Address _____
Title of specific position for which you are applying _____	

BEFORE COMPLETING THE APPLICATION FORM, PLEASE READ THE FOLLOWING NOTICES TO APPLICANTS.

In accordance with the Immigration Reform and Control Act of 1986, Cottonwood County hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide written documentation will result in dismissal.

Cottonwood 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.

HOW THE MINNESOTA DATA PRACTICES ACT/TENNESSEN WARNING AFFECTS YOU

In accordance with the MN Government Data Practices Act, Cottonwood County is required to inform you of your rights as they pertain to the information you provide when filling out this Application for Employment.

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

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

Your name is considered private unless you are selected to be interviewed for the position. If you are hired, you will be notified of the additional information about you that will become public.

Any information you provide in your application, which is not listed above is classified as private data. Private data will not be shared with anyone but those members of our staff who must use it to process your application and to conduct normal County business, without your informed consent or a valid court order. Certain federal or state agencies may also be authorized by state or federal law to receive information from your file to investigate specific complaints of employment discrimination.

PURPOSE AND USES

The information requested is used for the following reasons:

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

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. Any falsified information on the application form will result in termination.

I have read the information above on documentation requirements, Cottonwood County's non-discrimination policy and the MN Data Practices Act.

Signature of Applicant

Date

Cottonwood County Application for Employment

IMPORTANT! Complete all applicable areas. An incomplete application may reduce your opportunity for employment with Cottonwood County. **Applications must be received by the application deadline. Late applications will not be considered.**

(Please Type or Print in Ink)

When will you be available for employment? (Check one of the following)

Now Beginning _____ Upon _____ weeks notice to current employer

Your employment may involve occasional use of a public vehicle. Do you have a valid driver's license? Yes No

Class _____

Are you fluent in a language other than English (including sign language)? Yes No

If yes, please specify _____

EDUCATION

Did you graduate from high school or receive a GED? Yes No

Name and location of last high school attended _____

NAME AND LOCATION OF COLLEGE, UNIVERSITY, TECHNICAL SCHOOL	# OF YEARS COMPLETED	DID YOU GRADUATE?	MAJOR COURSES OF STUDY	CERTIFICATE OR DEGREE

WORK EXPERIENCE

List your present or most recent experience first. Please give accurate, complete full-time and part-time employment record. Attach an extra sheet if necessary. **Do not write "SEE RESUME"**.

Employer Name _____ Address _____ Phone Number _____ Your Job Title _____ Supervisor's Name _____	Length of Employment: From ___/___/___ to ___/___/___ Total: Years ___ Months ___ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Reason for Leaving: _____
Description of job duties – Be Complete _____ _____ _____	
Employer Name _____ Address _____ Phone Number _____ Your Job Title _____ Supervisor's Name _____	Length of Employment: From ___/___/___ to ___/___/___ Total: Years ___ Months ___ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Reason for Leaving: _____
Description of job duties – Be Complete _____ _____ _____	

Employer Name _____ Address _____ Phone Number _____ Your Job Title _____ Supervisor's Name _____	Length of Employment: From ___/___/___ to ___/___/___ Total: Years ____ Months ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Reason for Leaving: _____
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Description of job duties – **Be Complete** _____

Employer Name _____ Address _____ Phone Number _____ Your Job Title _____ Supervisor's Name _____	Length of Employment: From ___/___/___ to ___/___/___ Total: Years ____ Months ____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Reason for Leaving: _____
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Description of job duties – **Be Complete** _____

Cottonwood County may contact the employers listed unless you indicate those whom you do not want us to contact.

DO NOT CONTACT: _____

JOB RELEVANT VOLUNTEER AND UNPAID WORK EXPERIENCE			
KIND OF VOLUNTEER ACTIVITY	MAJOR RESPONSIBILITIES	# OF HOURS/ MONTH	HOW LONG? From To

Describe any additional experience or training that qualifies you for this position? (Be Specific)

What machines or equipment do you operate, i.e. computers, construction equipment, tools, etc?

List computer hardware and software training and experience.

LICENSURE

List all other 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 for ensuring that all applicable licenses remain in effect.

License/No.

Issued By

Date

Expiration

MINNESOTA MERIT SYSTEM

For employment with Cottonwood County Family Service Agency, have you taken, and passed, any Minnesota Merit System Examination? Yes _____ No _____

If so, for which positions have you passed an examination and are on the Minnesota Merit System Register?

REFERENCES

These should be individuals 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 listed below.

NAME	PRESENT ADDRESS	PHONE NUMBER	OCCUPATION AND RELATIONSHIP

CRIMINAL BACKGROUND INFORMATION

The County may conduct a criminal background check on individuals upon making a contingent job offer. If a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check are received and the content is accepted by the County and 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 _____

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 _____

(A copy of your DD-214 must be attached in order to claim veteran's preference.)

PERSONAL STATEMENT

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

TO BE READ AND SIGNED BY THE APPLICANT

The information I have supplied on this application and by way of any oral statements is true and correct. I am aware that information about myself, past work history, performance, and character will be obtained and reviewed, based on the information I have presented here. I understand that any misstatements or misleading omissions will be considered sufficient cause for rejection as a candidate or for immediate discharge.

I understand that Cottonwood County prohibits the use, sale, distribution, dispensations, manufacture, or possession of alcohol or a controlled substance on company job sites, on company property, or during working time, and prohibits any employee from working for Cottonwood County while under the influence of or impaired by alcohol or any controlled substance.

I understand and agree that I may be required to have one or more: Physical exam including a medical history (allowable under MS 363A.20 subd. 8 at time of job offer); drug or alcohol test; TB screening; immunizations; any other necessary medical testing as a condition of hiring or continued employment. I agree to take such test(s) at such times and with health care professionals designated by the company, and release the company, its directors, officers, agents or employees and physicians administering tests and testing laboratories from any claim arising in connection with the use of such test(s). Positive results on drug and alcohol tests will result in ineligibility for employment, or if hired, discipline up to and including discharge.

I understand that, as a condition of any offer of employment, I am required by federal law to produce documentary evidence of identity and authorization to work in the United States. If documents are not produced within three working days of date of hire, employment will terminate.

I understand that the position that I am applying for will be filled only upon final approval of the Cottonwood County Board of Commissioners and that no job offer is final until that time.

I acknowledge that I have read and understand this agreement, and have signed this release voluntarily and of my own free will.

Applicant's Signature _____ **Date** _____

Thank you for applying for employment with Cottonwood County. Your application will be placed in competition with others that have applied for this position.

COTTONWOOD COUNTY OFFICE USE ONLY

Posting Date _____	Closing Date _____
Arrange Interview Yes ____ No ____	Rejection Letter Sent _____
Employed Yes ____ No ____	Date of Employment _____
County Board Authorization Date _____	
Position Title _____	Department _____
Starting Step and Range _____	
Date completed by County Personnel _____	

**Cottonwood County
Application for Employment**

AUTHORIZATION

To: _____

I, the undersigned, am an applicant for the position of _____ for the County of Cottonwood, Windom, Minnesota. I am requested to furnish information, which may be used to determine my suitability for the above position. Therefore, I hereby expressly authorize release of any and all information, which you may have concerning my employment and work habits while employed with you, or in connection with any association I have had with you and/or your organization. This may include information of a confidential or privileged nature.

I further release any organization, company, or person furnishing said information from any liability for damages for their good faith release of information pursuant to this authorization, and I further agree not to bring any suit as a result of said information release and records search.

A photocopy of this authorization shall have the same force and effect as the signed original in authorizing the release of said information.

Applicant's Signature

Date