

COUNTY OF ROCK

APPLICATION FOR CLASSIFIED PERSONNEL POSITIONS

I. EQUAL EMPLOYEMENT

It is the policy of Rock 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.

II. DATE PRIVACY NOTICE

The information requested on this application is intended to be used by the County in determining suitability for employment for the position that 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 information in Section IV. 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.

III. POSITION DESIRED

Title of position for which you are applying: _____

Date available to begin employment: _____

IV. PERSONAL DATA

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Alternate Phone: _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States? _____
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?

Do you have any special needs that may necessitate accommodations in the application/ interview? _____
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: _____

Are you at least 18 years of age? _____
Yes No

V. WORK/VOLUNTEER EXPERIENCE

List *all* work and volunteer experience, most recent to be listed first.

Employer Name: _____
Employer Address: _____
Job Title: _____ Wage/Salary _____
Job Duties: _____

Dates of Employment/Experience: _____
Reason for Leaving: _____

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Employer Address: _____
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Employer Address: _____
Job Title: _____ Wage/Salary _____
Job Duties: _____

Dates of Employment/Experience: _____
Reason for Leaving: _____

VI. LICENSURE

List current licenses, registrations, or certificates relevant to the position for which you are applying.

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

All applicable licenses or certifications must be received in the Administrator's Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

VII. EDUCATION

Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent.

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

List/describe any other training and/or experience relevant to the position for which you are applying:

VIII. REFERENCES

These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or department heads under which you have worked. Indicate any who are related 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 of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

IX. 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 _____

Please supply a copy of your DD214

X. PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment? _____

If so, identify the employer and describe the circumstances:

XI. PRIOR EMPLOYMENT FOR SAFETY SENSITIVE POSITIONS SUBJECT TO FTA – PART 655

(Applicable to Transit Bus Drivers only)

Have you been employed by an employer(s) subject to Part 655 in the past (2) years? ___ Yes ___ No

If yes, please identify _____

Have you ever been denied a position on the basis of a positive drug or alcohol test? ___ Yes ___ No

As per FTA 655, all applicants and/or transferees are required to take a pre-employment drug test.

XII. PERSONAL STATEMENT

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

XIII. UNEXCUSED ABSENCES 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 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 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 qualifications for the position I am seeking. This authorization expires (1) 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 _____

(Do not print)

***Notice to Applicant:** If you do not agree with any portion of the acknowledgment, certification, authorization and release, cross out that section and initial it.

Please submit all materials and this application to:

**ROCK COUNTY ADMINISTRATOR
PO BOX 509
LIVERNE, MN 56156-0509**