



Human Resources
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TODD COUNTY APPLICATION FOR EMPLOYMENT

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Todd 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. 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. 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 _____

Best time to call _____ E-mail: _____

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

_____ Yes

_____ No

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Have you previously worked for the County? _____ Yes _____ No

Date of Hire and Date of Resignation: _____

If yes, position held/department: _____

If yes, under what name(s) may your previous employment records be found? _____

Do you have any special needs, which may necessitate accommodations in the application/interview process? _____ 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. _____

V. WORK/VOLUNTEER EXPERIENCE

List all work and volunteer experience, most recent to be listed first. Please attach additional work experience history sheets as necessary.

Employer Name: _____

Employer Address: _____

Name of Supervisor: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Name of Supervisor: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

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Employer Name: _____
Employer Address: _____
Name of Supervisor: _____
Job Title: _____
Job Duties: _____

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

Employer Name: _____
Employer Address: _____
Name of Supervisor: _____
Job Title: _____
Job Duties: _____

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

Employer Name: _____
Employer Address: _____
Name of Supervisor: _____
Job Title: _____
Job Duties: _____

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

VI. LICENSES

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 Human Resources Department prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

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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 first.

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 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 of Reference: _____
Address: _____
Phone Number: _____ Title: _____

Name of Reference: _____
Address: _____
Phone Number: _____ Title: _____

Name of Reference: _____
Address: _____
Phone Number: _____ Title: _____

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IX. CRIMINAL BACKGROUND INFORMATION

The County will request information regarding criminal history in the event that you become a finalist for a 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 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 of the appointing authority.

X. 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. _____

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form.

XI. PRIOR EMPLOYMENT

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

If so, identify the employer and describe the circumstances: _____

XII. PERSONAL STATEMENT

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

XIII. UN-EXCUSED 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? _____

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XIV. 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 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 current or 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 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, from any and all liability of whatever nature by reason of requesting or providing such information.

- **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.
- **Applications must be signed to be considered for employment. Complete all applicable areas. Do not mark your application “see resume”. An incomplete application may reduce your opportunity for employment with Todd County. Applications must be received by the application deadline.**
- **Be sure to read the job description and any special instructions carefully before you complete this application.**
- **Resumes will not be accepted in lieu of a complete application. Please do not submit work samples or letters of recommendation with the application; however, you may do so at the time of an interview if you wish.**

Date _____ Signature _____