

# Todd-Wadena Community Corrections

Katherine M. Langer, Director  
239 Central Avenue  
Long Prairie, MN 56347  
(320) 732-6165  
(320) 732-6197 (fax)  
[kathy.langer@co.todd.mn.us](mailto:kathy.langer@co.todd.mn.us)

239 Central Avenue  
Long Prairie, MN 56347

415 South Jefferson, Courthouse  
Wadena, MN 56482

200 First Street NE  
Staples, MN 56479

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## APPLICATION FOR EMPLOYMENT

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### I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Todd-Wadena Community Corrections 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.

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### II. DATA PRIVACY NOTICE

The information requested on this application is intended to be used by Todd-Wadena Community Corrections in determining suitability for employment for the position(s), 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 Todd-Wadena Community Corrections being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, Todd-Wadena Community Corrections 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 Todd-Wadena Community Corrections without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

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### III. POSITION DESIRED

Title of position for which you are applying: \_\_\_\_\_

Date Available to Begin Employment: \_\_\_\_\_

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### IV. PERSONAL DATA

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Street

City

State

Zip

Home Phone \_\_\_\_\_ Alternate Phone(s) \_\_\_\_\_

Best time to call \_\_\_\_\_

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

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Have you previously worked for Todd-Wadena Community Corrections? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Todd-Wadena Community Corrections Application for Employment, continued**

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. \_\_\_\_\_

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**V. WORK/VOLUNTEER EXPERIENCE**

List ***all*** work experience, whether or not relevant to this position, and all relevant volunteer experience, most recent to be listed first. (Attach additional sheets as necessary.)

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Todd-Wadena Community Corrections Application for Employment, continued**

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Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

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Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

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Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

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**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 by the Director prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

**Todd-Wadena Community Corrections Application for Employment, continued**

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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. **(Use additional sheets if necessary.)**

Name of School: \_\_\_\_\_

Address of School \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

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**VIII. TRAINING/EXPERIENCE**

List/describe any training and/or experience in the following areas (include date(s) of completion).

Evidence-based Practices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Working with sex offenders: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Working with high risk offenders: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other training/experience relevant to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**IV. 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. Todd-Wadena Community Corrections reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

**Todd-Wadena Community Corrections Application for Employment, continued**

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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**X. CRIMINAL BACKGROUND INFORMATION**

**Todd-Wadena Community Corrections 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, Todd-Wadena Community Corrections 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 background check will be conducted, 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 Todd-Wadena Community Corrections, and formal approval by the appointing authority.**

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**XI. 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. \_\_\_\_\_

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**Proof of applicable military status/eligibility, such as a DD214 form, is required in order to claim credits. Please attach DD214 form or forward it within five (5) business days.**

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**XII. PRIOR EMPLOYMENT**

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_

\_\_\_\_\_

**Todd-Wadena Community Corrections Application for Employment, continued**

**XIII. PERSONAL STATEMENT**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**XIV. 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? \_\_\_\_\_

\_\_\_\_\_

**XIV. CERTIFICATION, ACKNOWLEDGMENT, AND RELEASE**

**I certify** that the answers I have given on this application, and additional sheets if any, 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 Todd-Wadena Community Corrections.

**I understand, acknowledge, and agree** that no offer of employment is valid or binding until formal approval by the appointing authority referenced in the job description and/or posting, and that until such approval, Todd-Wadena Community Corrections 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 Todd-Wadena Community Corrections 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 Todd-Wadena Community Corrections 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** Todd-Wadena Community Corrections and all current and former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of Todd-Wadena Community Corrections, former employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

Signature: \_\_\_\_\_

(Do Not Print)

Date: \_\_\_\_\_

Applicant printed name \_\_\_\_\_