WATONWAN COUNTY APPLICATION FOR EMPLOYMENT

| Name (Last, First, MI) | _ | Home Phone |
|--|--|--|
| Mailing Address | | Message Phone |
| City, State, Zip | | Work Phone |
| Title of specific position for which you are ap | | |
| | | EOLI OWING NOTICES TO A DDI ICANTS |
| In accordance with the Immigration Reform a | nd Control Act of 1986, Watonwan Co | ounty hires only U.S. Citizens and lawfully ation of citizenship or legalized alien program. |
| Watonwan County does not discriminate in er status, political affiliation, handicapped status, | | creed, national origin, sex, religion, age, marital d to public assistance. |
| HOW THE MINNESOTA DATA PRACTIC In accordance with the MN Government Data rights as they pertain to the information you pro- Under the Act, the following information is auto- | Practices Act (M.S. § 13.01-13.87), Vovide when filling out this Application | Vatonwan County is required to inform you of your for Employment. |
| - | · · · · · · | 5 Vous advection and tuning |
| Whether you are a veteran Your work availability | 3. Relevant test scores4. Your job history | 5. Your education and training6. Your rank on our eligible list |
| Your name is considered private unless you are additional information about you that will become | | osition. If you are hired, you will be notified of the |
| be shared with anyone but those members of ou | ur staff who must use it to process your t order. Certain federal or state agenci | d as private data by this statute. Private data will not application and to conduct normal County business, es may also be authorized by state or federal law to scrimination. |
| PURPOSES AND USES The information requested is used for the follow | wing reasons: | |
| to distinguish you from other applicantsto make processing more efficientto enable us to contact you when additional in | - to meet federal and state repo - to enable us to ensure your rig formation is required, to send you notice | ghts to equal opportunity |
| | sidered for employment. If you do pr | n, but if you choose to withhold it, your application ovide the data, your application will be considered, employee record. |
| I have read the information above on docur Data Practices Act. | nentation requirements, Watonwan | County's non-discrimination policy and the MN |
| Signature of Applicant | · | Date |

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IMPORTANT! Please fill out all pages fully and accurately using dark ink or typewriter. You <u>must</u> complete all parts of the application. For jobs with an experience and training rating, your score will be determined by an evaluation of the job related experience and training you describe. Resumes may be attached but will not be accepted in lieu of a completed application.

| 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 COLLI UNIVERSITY, TECHNICAL SCHO | | | D YOU DUATE? | | OR COURSES F STUDY | CERTIFICATE OR DEGREE | |
| | | □ Ү | es □ No | | | | |
| | | ПΥ | es □ No | | | | |
| | | ПΥ | es □ No | | | | |
| | | | | | | | |
| REFERENCES List three people other than relatives or former employers who can be contacted regarding your qualifications, work habits or character. | | | | | | | |
| NAME | PRESENT ADDRESS P | | PHON | NE NUMBER | OCCUPATION | CCUPATION AND RELATIONSHIP | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| JOB RELEVANT VOLUNTEER AND UNPAID WORK EXPERIENCE | | | | | | | |
| KIND OF VOLUNTEER ACTIVITY | MAJOR RESPONSIBILITIES | | # OF HOUR MONTH | | HOW LONG? From To | | |
| | | | | | | | |
| | | | | | | | |

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 | Length of Employment: From/ to/ Total: Years Months □ Full-time □ Part-time Reason for Leaving: |
|---------------|---|
| Employer Name | |
| Employer Name | Length of Employment: From/ to/ Total: Years Months □ Full-time □ Part-time Reason for Leaving: |
| Employer Name | Length of Employment: From/ to/ Total: Years Months □ Full-time □ Part-time Reason for Leaving: |
| Employer Name | Length of Employment: From/ to/ Total: Years Months □ Full-time □ Part-time Reason for Leaving: |

| Watonwan County may contact the employers listed on the previous page unless you indicate those whom you do not want us to contact. DO NOT CONTACT: | | | | | |
|--|-------------------------------------|--|--|--|--|
| 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? | | | | | |
| | | | | | |
| CRIMINAL BACKGROUND INFORMATION The County may 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 "Notice to Applicants" 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. | | | | | |
| VETERAN'S PREFERENCE POINTS APPLICATION | | | | | |
| Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results if they obtain a passing rating, pursuant to M.S. § 197.455. To be eligible you must: | | | | | |
| be a citizen of the U.S. or resident alien who has separated under honorable conditions from any branch of the armed forces of the United States; and have served on active duty for at least 181 consecutive days; OR completed the full period federally ordered to active duty; OR have separated by reason of USDVA verified injury incurred while serving on active duty; or be the surviving spouse of a veteran (as defined above) who died on active duty or as a result of a USDVA verified active duty injury; OR the spouse of a disabled veteran who because of the disability is not able to qualify. | | | | | |
| ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS? | | | | | |
| Preference Requested: ☐ Veteran ☐ Disabled Veteran ☐ Spouse of Disabled Veteran ☐ Spouse of Deceased Veteran If Spouse, veteran's name | | | | | |
| Branch of Service | Rank at Discharge | | | | |
| Period of Active Duty: From To | Type of Discharge | | | | |
| Do you have a compensable service-related disability? ☐ Yes ☐ No | Describe relevant training received | | | | |
| I declare that any and all statements in this application or information provided are true and complete and hereby acknowledge that have read and understand the information contained herein. If hired, I understand that if there are any misrepresentations on thi application, my resume or made by me in an interview, which may be discovered now or any time in the future, I may be discharge for cause without severance pay of any kind, and may be subjected to the penalty provisions of M.S. § 43A.39. | | | | | |
| Signature of Applicant | Date | | | | |