

# COUNTY OF LAC QUI PARLE

## APPLICATION FOR CLASSIFIED PERSONNEL POSITIONS

### I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Lac qui Parle 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 Lac qui Parle 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 Lac qui Parle 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, Lac qui Parle 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 Lac qui Parle 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 \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street City State Zip Alternate Ph. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you either a U.S. citizen or legally eligible to hold employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously worked for Lac qui Parle 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 which may necessitate accommodations in the application/ interview process? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the type of accommodation requested:

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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 and volunteer experience, most recent to be listed first.

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

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

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

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

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Dates of Employment/Experience: \_\_\_\_\_

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

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

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

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

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

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Dates of Employment/Experience: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_

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

*Attach additional sheets if necessary.*



**VI. LICENSURE**

List current licenses, registration, 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 Personnel 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 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: \_\_\_\_\_

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 head of departments under whom you have worked. Indicate any who are related to you. Lac qui Parle 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. CRIMINAL BACKGROUND INFORMATION**

Have you ever been convicted [or charged] with a misdemeanor or a felony? \_\_\_\_\_

If yes, please explain the nature of the charge and the circumstances. \_\_\_\_\_

Were you convicted and/or did you plead guilty? \_\_\_\_\_

Give the date, city, state and county where convicted: \_\_\_\_\_

*Lac qui Parle 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 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 Lac qui Parle County, and formal approval by 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 attached DD214 form or forward it within five (5) business days.*

**XI. PRIOR EMPLOYMENT**

Have you ever been discharged or forced to resign from prior employment? \_\_\_\_\_  
If so, identify the employer and describe the circumstances:

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**XII. PERSONAL STATEMENT**

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

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**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? \_\_\_\_\_

**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 Lac qui Parle 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 Lac qui Parle 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 Lac qui Parle 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 Lac qui Parle 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** Lac qui Parle County and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of Lac qui Parle 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)