



Fillmore County Application for Employment

An Equal Opportunity Employer

Fillmore County Coordinator/ HR
P.O. Box 466, 101 Fillmore Street
Preston, MN
Phone: (507) 765-4566
www.co.fillmore.mn.us

We welcome you as an applicant for employment. Your application will be considered with others in competition for this vacancy. It is the policy of Fillmore County to not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, sexual preference/orientation, or political affiliation. This policy applies to all positions.

The information contained in this application will be considered private and used only in conjunction with your possible employment. Please fill out the application completely as incomplete applications may be rejected. **While resumes are welcome, please do not write "see resume."** Please check all printed applications to ensure all information printed.

Position applying for Date of Application

How did you learn about this position or come to seek employment with Fillmore County? (Friend/Relative, Newspaper, Walk-in, Website, etc.)

Name
Last First Middle

Present Address
Street No. City State Zip

Residence Phone Number Cellular Phone Number

May we contact you at work?
 Yes No Work phone number Between hours of

Email address (optional)

Are you 18 years old or over? Yes No Are you a citizen of the United States? Yes No
If not, do you have a work visa? Yes No

Have you ever been employed by Fillmore County before? Yes No

If yes, list dates and positions held

What type of employment are you seeking?

- Full-time regular
- Full-time temporary (up to 6 mos.)
- Part-time regular
- Part-time temporary (up to 6 mos.)
- Seasonal

When will you be available for employment? (check one of the following)

- Now
- Beginning
- Upon weeks notice to present employer.

If you are applying for a position that requires driving, give your driver's license number and the State where it was issued.

License No. State of issue

Select License class and endorsements A B C D 0 1 2 3

SPECIAL SKILLS:

List any special skills. (i.e. typing [give speed], communication, supervisory, maintenance, drafting, personal computer [list software], calculating, interpersonal, construction equipment, power tools, etc.) Attach additional sheets if needed.

CRIMINAL HISTORY:

In accordance with Minnesota Criminal Rehabilitation Act Section 364.021, Fillmore County 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, the County may conduct a criminal background check on individuals upon making a contingent job offer. If the position requires a criminal background check, no offer of employment shall become final until receipt of the results of the criminal background check, the content of which is acceptable, and formal approval by the appointing authority. (Effective 8/1/09)

EDUCATION:

School	Name and Location	Course of Study	No. years completed	Did you graduate?	Degree or Diploma	GPA
High School				<input type="checkbox"/> Yes		
				<input type="checkbox"/> No		
Vocational/ Tech				<input type="checkbox"/> Yes		
				<input type="checkbox"/> No		
College				<input type="checkbox"/> Yes		
				<input type="checkbox"/> No		
Graduate				<input type="checkbox"/> Yes		
				<input type="checkbox"/> No		

PERSONAL REFERENCES: (not former employers or relatives)

Name and occupation	Phone Number (with area code)	Relationship

EMPLOYMENT EXPERIENCE:

Please give an accurate and complete record of your full-time and part-time employment. Start with your present or most recent employer. Explain all gaps in employment. Attach additional sheets if necessary.

Employer's Name:	Supervisor's Name & Tel Number:	Dates Employed:
<input type="text"/>	<input type="text"/>	From: <input type="text"/>
Employer's Address: (Street Name and Number, City, State, Zip)		To: <input type="text"/>
<input type="text"/>		<input type="checkbox"/> Full-Time
Job Title: <input type="text"/>		<input type="checkbox"/> Part-Time
Nature of Duties: <input type="text"/>		Ave hrs per week <input type="text"/>
Reason for Leaving: <input type="text"/>	May we contact prior to conditional offer:	Beginning Salary: <input type="text"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary: <input type="text"/>

Employer's Name:	Supervisor's Name & Tel Number:	Dates Employed:
<input type="text"/>	<input type="text"/>	From: <input type="text"/>
Employer's Address: (Street Name and Number, City, State, Zip)		To: <input type="text"/>
<input type="text"/>		<input type="checkbox"/> Full-Time
Job Title: <input type="text"/>		<input type="checkbox"/> Part-Time
Nature of Duties: <input type="text"/>		Ave hrs per week <input type="text"/>
Reason for Leaving: <input type="text"/>		Beginning Salary: <input type="text"/>
		Ending Salary: <input type="text"/>

Employer's Name:	Supervisor's Name & Tel Number:	Dates Employed:
<input type="text"/>	<input type="text"/>	From: <input type="text"/>
Employer's Address: (Street Name and Number, City, State, Zip)		To: <input type="text"/>
<input type="text"/>		<input type="checkbox"/> Full-Time
Job Title: <input type="text"/>		<input type="checkbox"/> Part-Time
Nature of Duties: <input type="text"/>		Ave hrs per week <input type="text"/>
Reason for Leaving: <input type="text"/>		Beginning Salary: <input type="text"/>
		Ending Salary: <input type="text"/>

Employer's Name:	Supervisor's Name & Tel Number:	Dates Employed:
<input type="text"/>	<input type="text"/>	From: <input type="text"/>
Employer's Address: (Street Name and Number, City, State, Zip)		To: <input type="text"/>
<input type="text"/>		<input type="checkbox"/> Full-Time
Job Title:	<input type="text"/>	<input type="checkbox"/> Part-Time
Nature of Duties:	<input type="text"/>	Ave hrs per week <input type="text"/>
Reason for Leaving:	<input type="text"/>	Beginning Salary:
		<input type="text"/>
		Ending Salary:
		<input type="text"/>

Use the space below to detail any additional information you believe is pertinent to the position you are seeking. (Use an additional sheet if necessary.) This may include any correspondence courses, special courses, seminars or training you have taken, special educational achievements, honors, certificates, licenses, or any other knowledge, skills, or abilities you wish to communicate. Please do not list any information not applicable to the position or which would disclose information on a protected status (ie: race, color, creed, national origin, sex, disability, age, marital status, sexual preference/orientation or political affiliation) For questions, please contact Human Resources in the Coordinator's Office.

By checking this box, I certify that all statements in this application are true. I authorize Fillmore County to investigate any of the statements contained in this application for employment in order to arrive at an employment decision. I agree that any misrepresentation or falsification will result in rejection of this application and may result in my removal from the job after employment. I understand that my employment may be contingent upon the results of a pre-employment physical examination and/or any other required examination. I also understand that this application is not intended to be a contract of employment. Hiring decisions are made only by the Fillmore County Board of Commissioners.

Sign and date application and return to Fillmore County along with Notice to Applicants form and Veterans Preference forms (if applicable).

Date

Signature of Applicant (If submitting printed form)

VETERANS PREFERENCE POINTS APPLICATION

For Office Use Only:

In Accordance with Minnesota Statute §43A.11

10 pts 15 pts

If you are a veteran based on M.S. § 43A.11, then you may claim Veteran's Preference points. Veteran's Preference points will be added to the passing score of the qualified applicant. To qualify for Veteran's Preference, the following criteria must be met:

Have separated under honorable conditions from any branch of the armed forces of the United States, and; have served on active duty for 181 consecutive days or more, or for the full period ordered to active duty (not active duty for training); OR have separated by reason of disability incurred while serving on active duty, and; be a United States citizen or resident alien.

OR: Be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify.

The information you provide on this form will be used to determine your eligibility for veterans preference points. You are not required to supply this information, but we cannot award veteran's points without it.

ARE YOU A VETERAN ACCORDING TO M.S. § 43A.11?

Yes

No

ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS?

Yes

No

Full Name of Veteran

Full Name of Applicant (if different than Veteran)

Present Address (street number, city, state, zip)

Branch of Service

Period of Active Duty

From

To

Rank at Discharge

Type of Discharge

Date of Final Discharge

Service Number

Do your years of Military Service qualify you for a Pension?

Yes

No

Do you have a compensable service related disability?

Yes

No

PREFERENCE REQUESTED

Veteran (10 pts) (DD214 must be submitted to receive points)

Disabled Veteran (15 pts) (DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)

Spouse of Disabled Veteran (15 pts) (DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)

Spouse of Deceased Veteran (10 pts, 15 pts if the veteran was disabled) (Attach DD214, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Your Preference Points application cannot be considered without supporting documentation. If the documentation is not attached, it must be received in our office no later than five (5) calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner. Supporting documentation:

is attached

Will be submitted within five (5) day of Application Deadline

I hereby swear/affirm that the information given on this document is true and correct. I also authorize release of necessary information by the Veteran's Administration as necessary to Fillmore County for verification of preference.

Signature _____

Date _____

NOTICE TO APPLICANTS
(Please read this important information)

HOW THE MINNESOTA DATA PRACTICES ACT AFFECTS YOU:

In accordance with the Minnesota Government Data Practices Act (M.S. 13.43) Fillmore County is required to inform you of your rights as they pertain to the information you provide when filling out the Application for Employment. Under the Act, the following information is automatically available to the public*:

1. Whether you are a veteran
2. Relevant test scores
3. Your rank on our eligible list
4. Your job history
5. Your education and training
6. Your work availability

Your name is considered private** until you become a finalist for employment by Fillmore County. You become a finalist when, and if, you are selected to be interviewed prior to being employed. If you are hired, the following additional information about you will be public:

1. Your name
2. Your actual gross salary and salary range
3. Your actual gross pension
4. The value and nature of your fringe benefits
5. The basis for and the amount of any added remuneration, such as expense or mileage reimbursement, in addition to you salary
6. Your job title
7. Your bargaining unit
8. Your education and training background and previous work experience
9. Your job description
10. The dates of your first and last employment with us
11. The status of any complaints or charges against you while you work for Fillmore County, whether or not they result in a disciplinary action
12. The final outcome of any disciplinary action taken against you as an employee of Fillmore County, and all the supporting documentation about your case
13. The terms of any agreement settling any dispute arising out of an employment relationship
14. Your city and county of residence
15. Your badge number, if any, which will not be your social security number
16. Your work location and work telephone number
17. Honors and awards received
18. Data which accounts for the individual's work time, except for reasons for use of sick or medical leave

Anything not listed above which is placed in your application folder or your personnel jacket (such as medical information, letter of recommendation, resumes, etc.) is made by this statute private information, and will not be shared with anyone but those members of our staff and appointing authorities or their designees who need it to process your application or file your personnel record or to conduct normal Fillmore County business. Also, the following agencies may be authorized by state or federal law to receive private information from your file in order to investigate specific complaints of employment discrimination: the Federal Equal Employment Opportunity Commission, and the state departments of Human Rights or Civil Rights. Otherwise, no private record of yours will be shared with any outside person or agency without your informed consent or a valid court order.

PURPOSES AND USES:

The information requested is used for the following reasons:

1. To distinguish you from all other applicants
2. To enable us to contact you when additional information is required, to send you notices and/or to schedule interviews
3. To enable us to ensure your rights to equal opportunities
4. To meet federal and state reporting requirements
5. To make processing more efficient

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in Fillmore County and the policies, rules and regulations promulgated pursuant thereto.

EFFECTS OF NON-DISCLOSURE:

You are not legally required to supply any of the data we ask for on your application, but if you choose to withhold it, your application will not be complete, and you may not be considered for employment. If you do provide the data, your application will be considered, and if you are employed, the information you have given us will become part of your employee record.

"public" means that it is available to anyone who asks to see it

"private" information is available only to the person it is about and to the staff who must use it in the normal course of conducting Fillmore County business.

I have read the information above on Minnesota Data Practices. Checking this box will act as your signature if filing electronically

Applicant's Signature (if filing printed form) _____

Date: _____

****PLEASE RETURN THIS SHEET WITH THE APPLICATION****