

Wabasha County Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How Did You Learn About Us? <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency </div> <div> <input type="checkbox"/> Relative <input type="checkbox"/> Friend </div> <div> <input type="checkbox"/> Inquiry <input type="checkbox"/> Other (Explain) </div> </div>					
Last Name		First Name		Middle Name	
Address		Number		Street	
Telephone Number(s)		Email:			
Home:					
Cell:					

Best time to contact you at home is: _____ AM _____ PM		
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date:		
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date(s)		
Do any of your relatives work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give name(s) and relationship.		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date available for work:	What is your desired salary range?
Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Issued in _____	
Do you have a CDL?	<input type="checkbox"/> Yes <input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Add additional sheets if necessary.

These are the only employers that I have had in the last 8 years: Signature: _____

Date: _____

1.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed From To		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary Starting Final		
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

Check the office equipment and/or software you are skilled in operating/using:

- ☐ Personal Computer (identify hardware and software used)
☐ Word ☐ Excel ☐ Access ☐ Outlook ☐ Powerpoint

Production/Mobile Machinery/Equipment (List)

Other (List)

SPECIAL SKILLS/LICENSURES – List skills you possess which are required for the job as stated in the job announcement, such as ability to operate specialized machinery or equipment, or professional registration or licensing. Indicate any training you have had which is directly related to the job for which you are applying.

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

You must submit a PHOTOCOPY of your DD214 to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. The DD214 must show "Character of Service."

Wabasha County operates under a point preference system which awards points to qualified veterans to supplement their exam results. Ten (10) preference points are granted for non-disabled veterans on examinations. Fifteen (15) points are added if the veteran has a permanent service-connected compensable disability as certified by the Veteran's Administration. A letter from the VA as proof of disability must be submitted to receive points.

To qualify for preference, you must have served on active duty in any branch of the Armed Forces of the United States for 181 consecutive days or more, and been separated under honorable conditions; you must be a citizen of the United States or a resident alien and currently not receiving a monthly veteran's pension based exclusively on length of service. Veteran's preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who, because of the disability, is unable to qualify.

Claims must be made on the form below and submitted by the application deadline of the position for which you are applying. If your DD214 form is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

COMPLETE THIS SECTION **ONLY** IF YOU ARE A VETERAN, SPOUSE OF **AND** CLAIMING VETERAN'S PREFERENCE,
A DECEASED OR DISABLED VETERAN

VETERAN'S PREFERENCE POINTS APPLICATION

VETERAN IS _____ IF SPOUSE, VETERAN'S NAME
☐ SELF ☐ SPOUSE

BRANCH OF SERVICE

PERIOD OF ACTIVE DUTY
FROM _____ TO _____

RANK AT DISCHARGE

TYPE OF DISCHARGE

DATE OF FINAL DISCHARGE

SERVICE NO.

DO YOUR YEARS OF MILITARY SERVICE QUALIFY YOU FOR A PENSION? ☐ YES ☐ NO DO YOU HAVE A COMPENSABLE SERVICE-RELATED DISABILITY? ☐ YES ☐ NO % OF DISABILITY _____

PREFERENCE REQUESTED

☐ VETERAN ☐ DISABLED VETERAN ☐ SPOUSE OF DISABLED VETERAN ☐ SPOUSE OF DECEASED VETERAN

FOR SPOUSES OF DECEASED VETERANS

(NOTE: A PHOTOCOPY of marriage certificate and spouse's death certificate must be submitted to receive points) You are ineligible to receive points if you have remarried or were divorced from the veteran.

Date of Veteran's Death _____ Have you remarried or divorced? ☐ YES ☐ NO

FOR SPOUSES OF DISABLED VETERANS

(NOTE: Letter from the VA as proof of disability must be submitted to receive points.)

Disabled Veteran's Present Occupation _____

VETERAN CERTIFIES

AFFIDAVIT: I hereby claim veteran's preference for this examination and certify that all the information given is true, complete and correct to the best of my knowledge.

FOR OFFICE USE ONLY
☐ 10 POINTS ☐ 15 POINTS

I hereby authorize the Veteran's Administration to release information necessary to process this application to the Wabasha County Human Resources Department

Signature _____

Date _____

REFERENCES

These should be people in a position to discuss your qualifications for the position you seek. Include managers, directors,, or departments under whom you have worked. Indicate any who are related to you. The County reserves the right to contact all Contact, all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

1. (Name)

(Title)

(Address)

(Phone Number)

2. (Name)

(Title)

(Address)

(Phone Number)

3. (Name)

(Title)

(Address)

(Phone Number)

Equal Employment Opportunity Applicant Flow Monitor

We request that you voluntarily submit the following information: your disability status, sex and race/ethnic group affiliation. This data will be used only for the following purposes and will not be used in any selection process;

- 1) To meet the state and federal EEO reporting requirements.
- 2) To assess Wabasha County's recruitment effectiveness.

You are not legally required to submit this information. If you do not, the information contained in our reports will be less complete. This form will be held strictly confidential and will be separated from your application.

NAME (PRINT) _____ DATE _____

POSITION APPLIED FOR _____ SEX ☐ FEMALE ☐ MALE

DISABLED

Under the Americans with Disabilities Act and with respect to an individual, the term disability means: a person who has a physical or mental impairment that substantially limits one or more life activities, has a record of such impairment, or is regarded as having such an impairment. "Substantially limiting" means the degree that impairment affects employability. "Disabled individual" does not include an alcohol or drug abuser whose current use of alcohol or drugs renders that individual a hazard to the individual or others.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you able, either with or without reasonable accommodation, to perform the essential functions of the job for which you are applying? ☐ YES ☐ NO

DO YOU NEED SPECIAL TEST ACCOMMODATIONS TO ACCOMMODATE A DISABILITY OR LANGUAGE DIFFICULTY?

☐ YES ☐ NO IF YES, PLEASE EXPLAIN

RACE/ETHNIC GROUP (PLEASE CHECK ONE)

- ☐ WHITE, not Hispanic origin. Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ BLACK, not of Hispanic origin. Persons having origins in any of the Black racial groups of Africa.
- ☐ HISPANIC. Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin regardless of race.
- ☐ AMERICAN INDIAN OR ALASKAN NATIVE. Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ ASIAN OR PACIFIC ISLANDERS. Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.99 on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address, Home Phone Number, Racial/Ethnic Data.

This means the data is available only to you and County officials who have a bona fide need for it. This data will be used to identify you within the hiring process. Furnishing racial/ethnic data is voluntary. Refusal to supply other requested information may mean your application may not be considered.

Your name will become public data when you are certified as eligible for a vacancy. All other information you supply on this application, with the exception of that which is private data as indicated above, will become public if you are named as a finalist for a position or hired by Wabasha County.

All materials submitted in support of your application become the property of Wabasha County and cannot be returned.

EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION IN EMPLOYMENT

Wabasha County will not discriminate against or harass, nor permit the discrimination against or harassment of any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance. Any employee of this County, or contractor to this County, who does not comply with the Equal Employment Opportunity policies and procedures as set forth in this statement and plan will be subject to disciplinary action and/or appropriate legal sanctions. You have the right to complain if you feel you have been discriminated against because of race, color, national origin, religion, sex, sexual orientation, age, marital status, public assistance or because of communicative, physical, mental or emotional disability. Complaints may be registered with: County Administrator, Wabasha County, 625 Jefferson Ave., Wabasha, MN 55981, Phone (651) 565-2613.

APPLICANT CERTIFIES

I certify that to the best of my knowledge the answers given herein and on any attached forms are true and complete. I understand that falsified statements on this application in any detail shall be considered sufficient cause for disqualification from further consideration for hire or for dismissal. I further understand that certain positions requiring professional licenses will require extensive verification of licensure and qualifications.

I authorize Wabasha County to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency to give Wabasha County information they may have regarding me. In consideration of Wabasha County's review of this application, I release Wabasha County and all providers of information from any liability as a result of furnishing or receiving this information.

I further agree that, if employed, I will conform my conduct to Wabasha County's rules and regulations and understand that, unless otherwise specifically agreed to in writing, I have the right to terminate my employment at any time and that the County has the same right. I understand that no personnel recruiter, interviewer or other representative of the County other than the, County Administrator or the County Board of Commissioners has any authority to enter into any agreement for employment for any specified period of time. I understand nothing contained in this application or in granting of an interview, creates a contract between Wabasha County and myself for either employment or for the providing of any benefit. I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract, and further, that such manuals or handbooks may be modified at anytime at the sole discretion of the County.

I also understand that, upon acceptance of employment a 6 month to 1 year evaluation period applies before transferring to regular employment status.

Signature _____ Date _____

An Equal Opportunity / Affirmative Action Employer Providing a Smoke-Free Workplace

Arrange Interview ☐ Yes ☐ No

Remarks:

Employed ☐ Yes ☐ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By: _____
NAME AND TITLE

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For:

Date _____

NAME: _____
POSITION: _____
DATE: _____