



APPLICATION FOR EMPLOYMENT
Goodhue County
Human Resource Department
509 West Fifth Street, Room 309
Red Wing, MN 55066

Human Resource Dept: 385-3028

Dear Applicant:

Goodhue County welcomes you as an applicant for employment. Your application will be considered with others in competition for this vacancy. It is the policy of Goodhue County to provide equal opportunity in employment. This applies to origin, political affiliation, disability, marital status, personal life style, gender or age in all aspects of Goodhue County's personnel policies, programs, practices and operations. This policy applies to all full-time, part-time, temporary and seasonal employment.

The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment with Goodhue County. Please furnish us with complete information. You are encouraged to attach any additional information that you believe qualifies you for the position.

Applications must be submitted to Human Resources prior to the deadline listed on the posting and can be returned by mail, fax, email or in person.

Mail/ In Person: Address listed at top

Fax: (651) 385-3004

Email: jessica.ahlbrecht@co.goodhue.mn.us

| | |
|--------------------------|---------------------|
| Position(s) applied for: | Date of Application |
| | |

| | | |
|-----------|------------|------|
| Last Name | First Name | M.I. |
| | | |

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
| | | | |

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|---------------------|
| Telephone Number(s) |
| |

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|---------------|
| Email Address |
| |

Have you ever been employed with us before? Yes No

On what date are you available to work? _____

Are you available to work: Full Time Part Time Temporary

| | Name and Location of School | Area of Study | Years Completed | Did You Graduate | Degree Received |
|------------------------|-----------------------------|---------------|-----------------|------------------|-----------------|
| High School | | | | | |
| College | | | | | |
| Graduate School | | | | | |
| Other (Specify) | | | | | |

Specialized Skills

| | | |
|-------------------------|------------------|-----------------------------|
| _____ Personal Computer | _____ Word | _____ E-Mail |
| _____ Windows Versions: | _____ Excel | _____ Other Programs (List) |
| _____ Fax Machine | _____ Powerpoint | |
| _____ Mail Machine | _____ Access | |
| | _____ Internet | |

Employment Experience

Start with your present or most recent employer. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. **While a resume may be attached to provide additional information, do not write see resume without filling in as much information as possible.**

| | | |
|----------------------|----------------|---------------|
| Employer | Dates Employed | |
| | | |
| Address | Hourly Rate | |
| | Start | Current/Final |
| City, State and Zip | \$ | \$ |
| Telephone Number(s): | | |
| Job Title | Supervisor | |
| Reason for Leaving | | |
| Work Performed | | |
| | | |
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| | | |
|----------------------|----------------|-------|
| Employer | Dates Employed | |
| | | |
| Address | Hourly Rate | |
| | Start | Final |
| City, State and Zip | \$ | \$ |
| Telephone Number(s): | | |
| Job Title | Supervisor | |
| Reason for Leaving | | |
| Work Performed | | |
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|----------------------|----------------|-------|
| Employer | Dates Employed | |
| | | |
| Address | Hourly Rate | |
| | Start | Final |
| City, State and Zip | \$ | \$ |
| Telephone Number(s): | | |
| Job Title | Supervisor | |
| Reason For Leaving | | |
| Work Performed | | |
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|----------------------|----------------|-------|
| Employer | Dates Employed | |
| | | |
| Address | Hourly Rate | |
| | Start | Final |
| City, State and Zip | \$ | \$ |
| Telephone Number(s): | | |
| Job Title | Supervisor | |
| Reason For Leaving | | |
| Work Performed | | |
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Please describe any unsalaried experience you feel would help us in considering your application:

References

| | |
|------------|------------------|
| Name | Telephone Number |
| Occupation | Relationship |

| | |
|------------|------------------|
| Name | Telephone Number |
| Occupation | Relationship |

| | |
|------------|------------------|
| Name | Telephone Number |
| Occupation | Relationship |



Military Service (If you wish to claim Veterans Preference you must attach a copy of your DD214)

Branch of Service _____ Length of Active Duty _____

Rank _____ Type of Discharge _____

Describe duties and any specialized training _____

Training

Please describe any specialized training, workshops or conferences you have attended that make you qualified for this position:

Certification, Acknowledgement 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 immediate dismissal should I be employed by Goodhue County.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Goodhue County Board of Commissioners and that until such approval that Goodhue 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 all former employers, organizations where I have volunteered and references named in this application, or any agent of such a former employer or volunteer organization, to release to Goodhue 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 Goodhue 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 acknowledge that, unless otherwise defined by applicable law, any employment relationship with Goodhue County is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I hereby release Goodhue County and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of Goodhue County, former employers and volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Signature _____ Date _____

GOODHUE COUNTY ADMINISTRATION DEPARTMENT USE ONLY

| | |
|--|-----------------------------|
| Position Posting Date _____ | Position Closing Date _____ |
| Arrange Interview Yes <input type="checkbox"/> No <input type="checkbox"/> | Rejection Letter Sent _____ |
| Employed Yes <input type="checkbox"/> No <input type="checkbox"/> | Date of Employment _____ |
| County Board Authorization Date _____ | |
| Position Title _____ | Department _____ |
| Starting Range and Step _____ | |
| Date completed by Administration Department _____ | |

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| VOLUNTARY INFORMATION |
| THIS INFORMATION IS VOLUNTARY AND IS USED FOR REPORTING PURPOSES ONLY |
| TITLE OF POSITION APPLIED FOR _____ |
| MONTH/YEAR _____ |
| PLEASE CHECK |
| AGE: <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51 and Older GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| RACE: |
| <input type="checkbox"/> White (Not of Hispanic Origin) |
| <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> 2 or More Races |
| 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 activity; has a record of such impairment; or is regarded as having such 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. |
| If you have a disability requiring special test accommodations please explain: _____ |
| _____ |
| _____ |
| HOW DID YOU LEARN ABOUT THIS POSITION? (CHECK ONE) |
| <input type="checkbox"/> RED WING REPUBLICAN EAGLE |
| <input type="checkbox"/> OTHER NEWSPAPER _____ |
| <input type="checkbox"/> GOODHUE COUNTY POSTING |
| <input type="checkbox"/> WEB PAGE (SPECIFY) _____ |
| <input type="checkbox"/> STATEWIDE POSTING ON COUNTY SYSTEM |
| <input type="checkbox"/> FRIEND/RELATIVE (and they heard about it from <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Jobline) |
| <input type="checkbox"/> OTHER: _____ |
| THIS INFORMATION WILL BE REMOVED FROM YOUR APPLICATION BEFORE IT IS CONSIDERED FOR EMPLOYMENT. THANK YOU FOR YOUR PARTICIPATION |