

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.

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Position applying for	Date of Application
How did you learn about this position or come to seek employ Fillmore County? (Friend/Relative, Newspaper, Walk-in, Website,	
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 Have you ever been employed by Fillmore County before? If yes, list dates and positions held	Are you a citizen of the United States? Yes No If not, can you provide proof of eligibility Yes No for employment? Yes No
What type of employment are you seeking?	When will you be available for employment? (check one of the following)
Full-time regular	Now
Full-time temporary (up to 6 mos.)	Beginning
Part-time regular	Upon weeks notice to present employer.
Part-time temporary (up to 6 mos.) Seasonal	
If you are applying for a position that requires driving, please	respond to the questions below
Do you have a valid driver's license? Yes No *Note: if	f a drive's license is required, you will need to provide verification prior ffer of employemnt
If applicable please note endorsements: \(\subseteq \text{Class A} \) \(\subseteq \text{Class A} \)	R Class C C Class D

List any specia	SKILLS: al skills. (i.e. typing [give speed personal, construction equipme			nal computer [list software	·],
		. ,			
CDIMINI	N LISTORY.				
	AL HISTORY: with Minnesota Criminal Re	habilitation Act Section 364.	021, Fillmore County will re	equest information regar	ding
	y in the event that you becon formation will be requested o				
check on indiv	riduals upon making a contin ackground check, the conten	gent job offer. No offer of en	nployment shall become fin	al until receipt of the res	
EDUCAT	ION:		N Dilam		
School	Name and Location	Course of Study	No. years Did you completed graduate?	Degree or Diploma	GPA
High			☐ Yes		
School			☐ No		
Vocational/			☐ Yes		
Tech			☐ No		
College			Yes		
			☐ No		
Graduate			Yes		
			□ No		
DERSON	IAI DEFEDENCE	S. (not former ample	vers er reletives)		
Name and occ	IAL REFERENCES supation	Phone Number (· ·	nip	

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:	e: Supervisor's Name & Tel Number:		Dates Employed:	
			From:	
Employer's Address: (Street Name and Numb	er, City, State, Zip)		То:	
Job Title:			☐ Full-Time ☐ Part-Time	
Nature of Duties:			Ave hrs per week	
			Beginning Salary:	
Reason for Leaving:		May we contact prior to conditional offer:	Ending Salary:	
Employer's Name:	Supervisor's Name & Tel Num	ber:	Dates Employed:	
			From:	
Employer's Address: (Street Name and Number, City, State, Zip)			То:	
Job Title:			☐ Full-Time ☐ Part-Time	
Nature of Duties:			Ave hrs per week	
			Beginning Salary:	
Reason for Leaving:			Ending Salary:	
Employer's Name:	Supervisor's Name & Tel Num	ber:	Dates Employed:	
Employer's Address: (Street Name and Numb	er City State 7in)		From:	
Employer's Address. (Officer Name and Name	or, only, otale, zip)		<u> </u>	
Job Title:			☐ Full-Time ☐ Part-Time	
Nature of Duties:			Ave hrs per week	
			Beginning Salary:	
Reason for Leaving:	Ending Salary:			

Employer's Name:	Employer's Name: Supervisor's Name & Tel Number:		Dates Employed:	
			From:	
Employer's Addres	ss: (Street Name and Num	aber, City, State, Zip)	То:	
			Full-Time	
Job Title:			│	
Nature of Duties:			Ave hrs per week	
			Beginning Salary:	
[Ending Salary:	
Reason for Leaving:				
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.				
forms (if applicable)		Imore County along with Notice to Applicants form an		
Date		Signature of Applicant (If submitting printed form)	Updated 6/2013	

VETERANS PREFERENCE POINTS APPLICATION

In Accordance with Minnesota Statute §43A.11

== 10 pts	□15	pts

For Office Use Only:

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 VETERA	AN ACCORDI	NG TO M	S. § 43A.11?	☐ Yes	□ No
ARE YOU APPLYIN	G FOR VETER	RAN'S PR	FERENCE POINTS?	┌ Yes	□ No
Full Name of Veteran			Full Name of Applica	nt (if different t	han Veteran)
Present Address (street num	ber, city, state, zip))			
ranch of Service			Period of Active Duty		
		From	То		
Rank at Discharge	Type of Dis	charge	Date of Final Discharge	Service N	umber
CAMP - C		. D	Do you have a compens	able service relat	ed disability?
o your years of MIlitary Serv	rice quality you for	a Pension?	, Yes N		ŕ
Yes No				10	
REFERENCE REQUESTED					
Veteran (10 pts) (DD)	214 must be subm	itted to receiv	e points)		
Disabled Veteran (15 to receive points)	pts) (DD214 and	USDVA letter	of disability rating decision of 10% or mo	ore must be subm	nitted
Spouse of Disabled V submitted to receive p		D214 and US	DVA letter of disability rating decision of	^f 10% or more mu	ıst be
certificate, spouse's de	ath certificate and	proof veterar	teran was disabled) (Attach DD214, ph died on or as a result of active duty musuu have remarried or were divorced from	st be submitted t	
attached, it must be received position in order to guara	ved in our office no l	ater than five (5 rded in a timely	supporting documentation. If the documer calendar days after the application deadling manner. Supporting documentation:	e for the	
is attached I hereby swear/affirm that t	he information given		uitted within five (5) day of Application Dead cument is true and correct. I also author		essary informa
			unty for verification of preference.		,
Signature			Date		

Signature

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. <u>EFFECTS OF NON-DISCLOSURE:</u>

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

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