

### **General Information**

Kandiyohi County will only accept applications for posted positions. Please complete all sections of the Application for Employment. You may type or print in black ink. Complete one application for each open position.

Your completed application must arrive to the Kandiyohi County Human Resources Office by 4:30 p.m. on the published closing date of the posting. Late applications will not receive further consideration. The Human Resources Office is not responsible for the failure of other Agencies or the Postal Services in forwarding applications by the posted deadline. Not following the application directions may be grounds for rejecting your application.

It is the practice of Kandiyohi County to contact current and previous employers to complete reference checks. All checks shall be completed prior to an offer of employment. Candidates that do not consent to their current and previous employers being contacted may not be considered for employment.

## **Minnesota Government Data Practices Act**

The Minnesota Government Data Practices Act (Minnesota Stat. § 13.04) applies to you as an applicant for employment with Kandiyohi County and requires that you be informed of the purposes and intended uses of the information you provide during the application process or during employment.

Except for race, sex, age, disability and other protected status data.

Under the law, the following data on you as an applicant is public. This means that it is available to anyone who asks to see it.

- 1. Veteran Status;
- 2. Relevant test scores
- 3. Your rank on our eligible list;
- 4. Your job history
- 5. Your education and training; and
- 6. Your work availability

Your name is considered private until you are certified eligible for appointment to a vacancy or considered by the appointing authority to be finalist for a position in public employment. For Kandiyohi County purposes "finalist" means an individual who is selected to be interviewed by the appointing authority prior to selection.

## **Equal Employment Opportunity Statement**

It is the policy of Kandiyohi 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 except where such status is a bona fide occupational qualification.

The information on this application, which is classified as private data under Minnesota Government Data Practices Act, will not be released without your consent except as necessary for tax purposes or as otherwise required by State or Federal law.



# Application for Employment Human Resources Department

Health and Human Services Building 2200 23<sup>rd</sup> Street NE, Suite 2020 Willmar, MN 56201

Phone: (320) 231-6215 Fax: (320) 231-7899

PERSONAL INFORMATION										
Last Name	lame First Name			Middle Name				Date of Application		
Street Address			Apt	i. No.	Former Nan	ne(s)	(necessary to	o check work reco	ord)	
City	State		Zip	Code	Home Phone Work Phone					
	k in the United State?  Yes No		Are	Are you 18 years of age or older? ☐Yes ☐No						
Email Address										
PERSONAL HISTORY										
Position Applied For			Sa	alary desire	ed		Date ava	ilable to start wor	k	
Are you a present employee of K	andiyohi County?  ☐Yes ☐No	If yes,	check st	atus:	Regular Tempor		☐ Pro	obationary er		
Are you a past employee of Kand	date(s):	(s): Supervisor Name:								
Have you ever filed an application	n here before?	If yes,	date(s):							
Kind of work sought:   Full-tir	Kind of work sought:									
EDUCATION/TRAINING										
Did you graduate from High Scho		□No	High S	School Atte	nded:					
Location:		-	Dates	Attended	No. of		Cert. or			
Name and address of College, Un Business, Trade, Vocational or ot			Mo/Yr From	Mo/Yr To	Credits Earned		Degree	Major	Major	
PROFESSIONAL LICENSES	MEMBERSHIPS			•						
List all required Licenses, Registrations, Certificates and Membership			nips	Expiration Date Licensing Agency/Organization			ganization			

# **EMPLOYMENT**

BE COMPLETE and begin with your current or most recent employer. Your score is based upon experience, education and training determined by the information you provide. Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. Include military and related volunteer experience. Account for all gaps in your employment history. DO NOT MARK APPLICATION "SEE RESUME" or "SEE ATTACHED RESUME."									
Current or Most Recent Employ	yer:	Job Title							
Address	City St	ate	Zip	Supervisor Name a	nd Title				
Phone No.	Full time	Dates Empl	loyed (mm/dd/yy	yyy)	Salary/Hourly Start	Salary/Hourly Final			
( )	☐ Part time Hours per week:	From:	To:						
Reason for leaving/Why are yo						l.			
0 " 0 "									
Specific Duties				Joh Tido					
Second Most Recent Employer	<u>;</u>			Job Title					
Address	City St	ate	Zip	Supervisor Name a	nd Title				
Phone No.	☐ Full time	Dates Empl	loyed (mm/dd/yy	yyy)	Salary/Hourly Start	Salary/Hourly Final			
( )	☐ Part time Hours per week:	From:	To:						
Reason for leaving/Why are yo						<u>I</u>			
On a Min Duting									
Specific Duties									
Third Most Recent Employer:				Job Title					
Address	City St	ate	Zip	Supervisor Name a	nd Title				
Phone No.	☐ Full time	Dates Empl	loyed (mm/dd/yy	/yy)	Salary/Hourly Start	Salary/Hourly Final			
( )	☐ Part time	From:	To:						
( ) Reason for leaving/Why are yo	Hours per week: u leaving?								
Specific Duties									
Fourth Most Recent Employer:	Job Title								
Address	City St	ate	Zip	Supervisor Name a	nd Title				
Phone No.	☐ Full time	Dates Empl	loyed (mm/dd/yy	yyy)	Salary/Hourly Start	Salary/Hourly Final			
( )	☐ Part time Hours per week:	From:	To:						
Reason for leaving/Why are yo		1	10.		<u>I</u>	1			
Specific Duties									

IF POSITION INVOLVES DRIVING									
Valid Divers License   Usense No.   State   Expiration Date									
Valid Divers License   Usense No.   State   Expiration Date									
Valid Divers License   Usense No.   State   Expiration Date									
Valid Divers License   Usense No.   State   Expiration Date	ıE	DOCITION INVOLVES I	DIVING						
Pave you had any moving violations in the last five (5) years?   YES   NO "If YES, PLEASE EXPLAIN:    VETERANS PREFERENCE				) <u>.</u>			State	Expiration Date	
VETERANS PREFERENCE		<u> </u>	<u> </u>		<u></u>				
Hyou are a Veteran or the spouse of a disabled or deceased Veteran and wish to claim Veteran's Preference, complete and attach a Veteran's Preference (DDZ14).  CRIMINAL BACKGROUND INFORMATION  Randjubil County will request information regarding criminal history in the event 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, Kandiyohi County will request information will be requested during the application stage. Further, Kandiyohi County may conduct a criminal background check on individuals upon making a contingent job offer. No lip offer of employment shall become final until receipt of the results of the criminal background check on individuals upon making a contingent job offer. No lip offer of employment shall become final until receipt of the results of the criminal background check with content acceptable to Kandiyohi County.  ADDITIONAL INFORMATION  1. Do you have any current professional licenses or registrations?   YES   NO   1. Locense 8:   State   Expiration Date:   Professional status, restriction or voluntary surrender?   YES   NO   If yes, please explain:   Profession, conditional status, restriction or voluntary surrender?   YES   NO   If yes, please explain:   Professional stages   NO   If yes, please explain:   NO   If yes, please explain:   Professional licenses or certifications   Professional regardation   Professional liability claimed filed against you in a judgment or settlement?   YES   NO   If yes, please explain:   Professional liability claimed filed against you in a judgment or settlement?   YES   NO   If yes, please explain:   Professional liability claimed filed against you in a judgment or settlement?   YES   NO   If yes, please explain:   Professional liability claimed filed against you in a judgment or settlement?   YES   NO   If yes, please ex					e (5) years?				
Hyou are a Veteran or the spouse of a disabled or deceased Veteran and wish to claim Veteran's Preference, complete and attach a Veteran's Preference (DDZ14).  CRIMINAL BACKGROUND INFORMATION  Randjubil County will request information regarding criminal history in the event 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, Kandiyohi County will request information will be requested during the application stage. Further, Kandiyohi County may conduct a criminal background check on individuals upon making a contingent job offer. No lip offer of employment shall become final until receipt of the results of the criminal background check on individuals upon making a contingent job offer. No lip offer of employment shall become final until receipt of the results of the criminal background check with content acceptable to Kandiyohi County.  ADDITIONAL INFORMATION  1. Do you have any current professional licenses or registrations?   YES   NO   1. Locense 8:   State   Expiration Date:   Professional status, restriction or voluntary surrender?   YES   NO   If yes, please explain:   Profession, conditional status, restriction or voluntary surrender?   YES   NO   If yes, please explain:   Professional stages   NO   If yes, please explain:   NO   If yes, please explain:   Professional licenses or certifications   Professional regardation   Professional liability claimed filed against you in a judgment or settlement?   YES   NO   If yes, please explain:   Professional liability claimed filed against you in a judgment or settlement?   YES   NO   If yes, please explain:   Professional liability claimed filed against you in a judgment or settlement?   YES   NO   If yes, please explain:   Professional liability claimed filed against you in a judgment or settlement?   YES   NO   If yes, please ex									
Preference claim available from the Kandiyohi County Human Resources Department and supply proof of your eligibility to claim a Veteran's Preference (DDZP14).  CRIMINAL BACKGROUND INFORMATION  Kandiyohi County will request information regarding criminal history in the event 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, Kandiyohi County may conduct a criminal background check on individuals upon making a contingent job offer. No job offer of employment shall become final until receipt of the results of the criminal background check with content acceptable to Kandiyohi County.  ADDITIONAL INFORMATION  1. Dey poin here any current professional licenses or registrations?   VES   NO				sabled or decea	sed Veteran ar	nd wish to claim \	Veteran's F	Preference, complete and attach a Veteran's	$\neg$
CRIMINAL BACKGROUND INFORMATION  Kandlyohi County will request Information regarding criminal history in the event 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, Kandityohi County may conduct a criminal background check on individuals upon making a contingent job offer. No job offer of employment shall become final until receipt of the results of the criminal background check with content acceptable to Kandiyohi County.  ADDITIONAL INFORMATION  1. Do you have any current professional licenses or registrations?   YES   NO   Individual supon making a contingent job offer. No job offer of employment shall become final until receipt of the results of the criminal background check with content acceptable to Kandiyohi County.  ADDITIONAL INFORMATION  1. Do you have any current professional licenses or registrations?   YES   NO   Its consistent of the content of	Pr	eference claim available fi							
County will request Information regarding criminal history in the event you become a finalist for the position which you are applying. For certain positions, criminal background thereformation will be requested during the application stage. Further, Kandylo County may conduct a criminal background check on individuals upon making a contingent job offer. No job offer of employment shall become final until receipt of the results of the criminal background check with content acceptable to Kandlyohi County.    ADDITIONAL INFORMATION		,							
certain positions; criminal background information will be requested during the application stage. Further, Kandiyohi County may conduct a criminal background check on individuals upon making a contingent job offer. No job offer of employment shall become final until receipt of the results of the criminal background check with content acceptable to Kandiyohi County.  ADDITIONAL INFORMATION    Do you have any current professional licenses or registrations?   YES   NO   License #:   State:   Expiration Date:   Expiration Date:   Expiration Date:   Expiration Date:   State:   Expiration Date:   PYES   NO   License #:   State:   Expiration Date:   PYES   NO   If yes, please explain:   PYES   NO   If yes, please					minal history in	the event you b	ocomo o fil	nalist for the position which you are applying. For	_
ADDITIONAL INFORMATION    Lorense #: State:   State:   Expiration Date:   Expiration Date:   Expiration Date:   State:   State:   Expiration Date:   Expiration Date:   State:   State:   Expiration Date:   State:   State	се	tain positions, criminal b	ackground in	formation will b	oe requested du	uring the applicat	tion stage.	Further, Kandiyohi County may conduct a	
1. Do you have any current professional licenses or registrations?   YES   NO   Expiration Date:   License #:   State:   Expiration Date:   Expira								ployment shall become final until receipt of the	
1. Do you have any current professional licenses or registrations?   YES   NO   Expiration Date:   License #:   State:   Expiration Date:   Expira		DITIONAL INCODUATI			·	<u> </u>			
2. Have you ever received disciplinary action on your professional licenses or certifications including, but not limited to, censure, fines, suspension, revocation, probation, conditional status, conditional status, restriction or voluntary surrender? YES NO If yes, please explain:	1.	Do you have any current pr	ofessional lice	nses or registra	tions? TYES	S □ NO			П
2. Have you ever received disciplinary action on your professional licenses or certifications including, but not limited to, censure, fines, suspension, revocation, probation, conditional status, conditional status, restriction or voluntary surrender? YES NO If yes, please explain:		License #:		State:	Expiratio	on Date:			
a. Is there any investigation or disciplinary action currently pending on any of your professional licenses or certifications?   YES   NO   If yes, please explain:    A. Have you ever been subject to any disciplinary proceedings by any local, state or national professional organization?   YES   NO   If yes, please explain:    A. Have you ever had a professional liability claimed filed against you in a judgment or settlement?   YES   NO   If yes, please explain:    AUTHORIZATION AND UNDERSTANDING								Control of the state of the sta	
AUTHORIZATION AND UNDERSTANDING  Lertify that the answers I have given on this application and order of employment is valid or binding authority referenced in the job description. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application. I be refront or any agent and all current and former employers, or ganizations to perform the position I am presently seeking and any other employers or references in expension expension and and greated and the County. I understand, acknowledge and agree that no offer of employment is valid or binding until formal approvable by the County Board or the appointing authority referenced in the job description. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations or references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.	2.								
AUTHORIZATION AND UNDERSTANDING  Lertify that the answers I have given on this application and order of employment is valid or binding authority referenced in the job description. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application. I be refront or any agent and all current and former employers, or ganizations to perform the position I am presently seeking and any other employers or references in expension expension and and greated and the County. I understand, acknowledge and agree that no offer of employment is valid or binding until formal approvable by the County Board or the appointing authority referenced in the job description. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations or references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.									
AUTHORIZATION AND UNDERSTANDING  Lertify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground for my immediate dismissal should I be employed by the County. I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the County beard or the appointing authority referenced in the job description. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment is valid or binding until formal approval by the County beard or the appointing authority referenced in the job description. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, in relreave any and all current and former employers, organizations, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.									
AUTHORIZATION AND UNDERSTANDING  Lertify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground for my immediate dismissal should I be employed by the County. I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the County beard or the appointing authority referenced in the job description. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment is valid or binding until formal approval by the County beard or the appointing authority referenced in the job description. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, in relreave any and all current and former employers, organizations, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.									-
AUTHORIZATION AND UNDERSTANDING  Toerlify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground for my immediate dismissal should I be employed by the County. I understand connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered (Volunteer organizations) references in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand achieves one year from the date of my signature below.  I hereby release the County and all current and former employers, organizations for the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations or references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.	3.		r disciplinary a	ction currently p	ending on any o	of your professiona	al licenses c	or certifications? LI YES LI NO If yes, please	
AUTHORIZATION AND UNDERSTANDING  I certify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground for my immediate dismissal should I be employed by the 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. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.		·							
AUTHORIZATION AND UNDERSTANDING  I certify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground for my immediate dismissal should I be employed by the 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. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.									
AUTHORIZATION AND UNDERSTANDING  I certify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground for my immediate dismissal should I be employed by the 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. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.									-
AUTHORIZATION AND UNDERSTANDING  I certify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground for my immediate dismissal should I be employed by the 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. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.	4.		t to any discip	linary proceedin	gs by any local,	state or national p	professional	organization? YES NO If yes, please	
AUTHORIZATION AND UNDERSTANDING  I certify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground for my immediate dismissal should I be employed by the 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. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.									-
AUTHORIZATION AND UNDERSTANDING  I certify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground for my immediate dismissal should I be employed by the 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. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.									-
I certify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground for my immediate dismissal should I be employed by the 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. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.	5.	Have you ever had a profes	ssional liability	claimed filed ag	jainst you in a ju	dgment or settlem	ent? 🗌 YE	S NO If yes, please explain:	
I certify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground for my immediate dismissal should I be employed by the 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. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.									
I certify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground for my immediate dismissal should I be employed by the 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. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.									•
I certify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground for my immediate dismissal should I be employed by the 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. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.									-
I certify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground for my immediate dismissal should I be employed by the 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. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.	Αl	ITHORIZATION AND U	NDERSTAN	DING					
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. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.	Ιc	ertify that the answers I have	e given on this	application are	true and correct	. I understand tha	t any false	or misleading information provided, or any omission o	r
to me. In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.	Co	unty. I understand, acknowl	ledge and agre	ee that no offer o	of employment is	s valid or binding u	ıntil formal a	approval by the County Board or the appointing	
organizations") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.	authority referenced in the job description. Until such approval, the County shall not be liable for my reliance on any oral or written offers of employment made								
other employment or related information. I understand the 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 the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.	org	anizations") references nar	ned in this app	lication, or any	agent of such a	current or former e	employer or	volunteer organization, to release to the County and	
I hereby release the County and all current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.									
of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.	Th	s authorization expires one	year from the	date of my sign	ature below.				
information.	۱h	ereby release the County ar	nd all current a	nd former emplo	oyer, volunteer o	organizations and	references	listed herein and any and all agents acting on behalf	
Appllicant's Signature Date:			s, volunteer or	yanızatıons or r	eierences, from	any and all liability	y or wnateve	er nature by reason of requesting or providing such	
Appllicant's Signature Date:									
	Ap	ollicant's Signature						Date:	

The information on this application, which is classified as private data under Minnesota Government Data Practices Act, will not be released without your consent except as necessary for tax purposes or as otherwise required by State or Federal law.

# KANDIYOHI COUNTY SUPPLEMENTAL EMPLOYMENT DATA

The following information will <u>NOT</u> be used by Kandiyohi County as criteria for employment. This information is to help us comply with EEO/Veteran's Preference guidelines and to evaluate the effectiveness of our recruitment advertising efforts. We request that you complete this applicant data record. This information will be filed in a separate, confidential file from your Application for Employment. **Your cooperation and completion of this information is voluntary**.

Please Print or 1	Гуре								
Last Name: First Name:			Date:						
Position(s) Applied For:									
Referral Source:    Walk-in			<ul><li>☐ West Central Tribune</li><li>☐ Other (Please Identify)</li><li>☐ MN Workforce Center</li></ul>						
RACE/ETHNIC GROUP (Please check the race to which you identify as belonging to):									
White					Asian				
☐ Black or African American					Two or More Races				
☐ Hispani	c or Latino				Native American	or Other Pacific Islander			
☐ America	an Indian or A	laskan Native							
PLEASE CHEC	K ONE:	☐ MALE	☐ FEMALE						
Do you have a c Please indicate			□ No cessitate accor	nmodation	s in the testing or ap	pplication/interview process			
·									