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Date Received:	(Office Use Only)

APPLICATION FOR EMPLOYMENT FARIBAULT COUNTY

It is the policy of Faribault County to provide equal opportunity to all employees and applicants for employment. Faribault County will 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 orientation, or status with regards to public assistance. Our employment decisions are made based on individual ability and merit.

Position Applying For

Applicants Name		☐ full – time	□part-time
Last Name	First	Middle	e
Address			
City		StateZip	
Cell Phone ()	Home Phone	()	
Are you under 18 years of age? yes	no Email address:	:	

Guidelines for Understanding the Employment Process and Completing the Application Form:

To ensure that your application will be accurately processed, please review the following:

- 1. Please print or type when completing this form.
- 2. **EITHER:** (a) Complete a separate application form for each position opening you apply for, following instructions completely and signing your application where required, or:
 (b) Contact the Faribault County Central Services office in writing and request that
 - (b) Contact the Faribault County Central Services office in writing and request that a previously completed application be used to apply for the current position opening.
- 3. Be specific and complete when filling out the Employment History section; application forms that are incomplete will be removed from further consideration. If additional space is needed to complete your employment history, extra sheets are available from the Faribault County Personnel Office.
- 4. Applications received after the closing date will not be accepted.
- 5. Faribault County strongly encourages County employees to live within the county they serve.
- 6. Recruitment of employees will be administered by the Central Services Office. At a minimum, all openings will be advertised in the official newspaper of Faribault County and on the county website at www.co.faribault.mn.us.
- 7. When the stated application deadline is past, all applications will be reviewed and evaluated to determine how well each applicant is suited for the position opening.
- 8. The Central Services Office will schedule interviews with the best qualified applicants.
- 9. Interviews will be conducted with the Central Services Office and the appropriate department head. Others may be involved as needed. They will select the best applicant for the position after a successful background check.

10. The Central Services Director will inform the successful applicant and arrange a starting date. Applicants will be notified by mail that the position has been filled. If you have any questions concerning completion of your employment application or the employment procedures for Faribault County, please call the Central Services Director at (507) 526-6225.

Employment History

- Faribault County uses a 100-point system to assign value to the experience and training that relates most closely to the position you are applying for. Your experience and training will be scored using the experience and training value system designed for this position. Those applicants (typically the top 6 to 8) with the highest points will be interviewed for the position.
- To receive the correct points and credit for the knowledge and skills you have acquired, it is absolutely necessary that you are specific when describing these skills. Do not use a single general statement to describe the duties you have performed. List each major duty performed for each position held within the past five years. Whether you are describing your experience as a clerical worker, truck driver, or social worker, list each duty separately and be specific. Describe duties in specific terms such as "performed word processing using WordPerfect" or "created spreadsheets using Lotus 1-2-3/Excel". Statements such as "performed general clerical work", "operated heavy equipment", or "handled a foster care case load" are all too general.
- Please be very specific in stating the dates of employment and number of hours you worked per week for each job experience indicated. We need this information to properly score your experience. If hours worked per week vary, please use the average number of hours worked per week.
- Complete the boxed-in "Length of Employment" section for positions held within the past five years. But, please do include all your relevant work experience in the Employment History section.
- Please give accurate, complete employment information. List your present or most recent experience first. Use plain paper if you need extra space to list your job experiences.

Criminal Background Information

Faribault County will request information regarding criminal history if 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, Faribault County may conduct a criminal background check on individuals upon making a contingent job offer. A criminal check will be conducted and no offer of employment shall become final until receipt of the results of the criminal background check from the BCA or other agency, the content of which is acceptable to Faribault County, and formal approval by the appointing authority.

Work Experience

What special skills do you have or what machines can you operate? For example: computer programs experienced in (Word, Excel, Publisher, etc.), construction equipment, power tools, etc.					
	_				
	_				
	_				

Do not mark your application "Please see resume".

Present or Most Recent Employer	Length of Employment:				
Employer:					
Address:	From:To:				
Supervisor's Name:	mo/yr mo/yr Total Time:				
Your Job Title:	3.7 3.41				
Reason for Leaving or desiring to leave:					
Principal Responsibilities (be complete):	/hrs per week				
1					
2	/				
3					
4 5					
May we contact this employer regarding your wor					
May we contact this employer regarding your work Previous Employer	rk record?YesNo Length of Employment:				
May we contact this employer regarding your work Previous Employer Employer:	Length of Employment: To:				
May we contact this employer regarding your work Previous Employer Employer:	Length of Employment: From: To:				
May we contact this employer regarding your work Previous Employer Employer: Address:	Length of Employment:				
May we contact this employer regarding your work Previous Employer Employer: Address: Supervisor's Name:	Length of Employment: From: To: mo/yr Total Time:				
May we contact this employer regarding your work Previous Employer Employer: Address: Supervisor's Name: Your Job Title:	Length of Employment: From: To: mo/yr mo/yr Total Time:				
May we contact this employer regarding your work Previous Employer Employer: Address: Supervisor's Name: Your Job Title: Reason for Leaving or desiring to leave:	Length of Employment: From: To: mo/yr mo/yr Total Time: Years Months				
May we contact this employer regarding your work Previous Employer Employer: Address: Supervisor's Name: Your Job Title: Reason for Leaving or desiring to leave: Principal Responsibilities (be complete):	Length of Employment: From: To: mo/yr mo/yr Total Time: Years Months				
Previous Employer Employer: Address: Supervisor's Name: Your Job Title: Reason for Leaving or desiring to leave: Principal Responsibilities (be complete): 1	Length of Employment: From: To: mo/yr mo/yr Total Time: Years Months /hrs per week				
Previous Employer Employer:	Length of Employment: From: mo/yr Total Time: Years /hrs per week				
May we contact this employer regarding your work Previous Employer Employer: Address: Supervisor's Name: Your Job Title: Reason for Leaving or desiring to leave: Principal Responsibilities (be complete): 1. 2. 3. 4. 5.	Length of Employment: From: To: mo/yr mo/yr Total Time: Years Months /hrs per week				

Do not mark your application "Please see resume".

Previous Employer	From:To:				
Employer:					
Address:					
Supervisor's Name:	mo/yr mo/yr				
Your Job Title:	N/L = 1/1 = 1				
Reason for Leaving or desiring to leave:					
Principal Responsibilities (be complete):	/hrs per week				
1					
2					
3					
4 5					
ē:					
6					
6May we contact this employer regarding your wo	ork record?YesNo				
6 May we contact this employer regarding your we Previous Employer	ork record?YesNo Length of Employment:				
6	Length of Employment: From: To:				
6May we contact this employer regarding your we Previous Employer Employer:Address:	Length of Employment: From: mo/yr To: mo/yr				
6May we contact this employer regarding your we Previous Employer Employer:Address:Supervisor's Name:	Length of Employment: From: mo/yr Total Time:				
6May we contact this employer regarding your we Previous Employer Employer:Address:	Length of Employment: From: mo/yr Total Time:				
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May we contact this employer regarding your we represent the semployer regarding your r	Length of Employment: Employment:				
May we contact this employer regarding your we represent the second of t	Length of Employment: From: mo/yr Total Time: Years /hrs per week				

Education

Educational Institution	Name & Address of Institution	Course of Study (Major/Minor)	Did you Graduate?	Diploma or Degree Awarded
High School				
College				
College				
Other (specify)				

Drivers Licenses

Please indicate if you currently	have any of the	following d	lriver's licenses,	only if required fo
this position.				

Minnesota Class A	
Minnesota Class B	
Minnesota Class D	or equivalent

Please include a photocopy of your license if the position requires a driver's license.

Other Licenses

Please list any other licenses, registrations or certifications that are required or pertinent to the position you are applying for. If this licensing, etc. is required for the position, and you fail to include a photocopy of it with your application form, your name will be removed from further consideration for the position. If this licensing is not required for the position, but you feel it is relevant and may be an item for which we are awarding points, a Photocopy must be included with your application for credit to be awarded.

License or Certificate	Licensing Agency	Expiration Date	License #

Professional References

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Name	Addre	ess	
Home Phone	Work		
Name	Address _		
Home Phone	Work	Occupation	
Name	Address		
Home Phone	Work	Occupation	

Have You . . .

- 1. Thoroughly read this entire application with special attention to the enclosed Tennessen Warning?
- 2. Signed this application in all required places:
 - (a) the Tennessen Warning
 - (b) the Employee Certification
 - (c) and the Claim for Veterans Preferences

This application will not be accepted without all the necessary signatures.

- 3. Provided sufficient information so that proper credit for training and experience is given?
- 4. Completed the claim for Veterans Preference if applicable to you? Also, a copy of your DD Form 214 is to be attached to the Claim Form at the time of application to determine your eligibility for points. Your DD 214 will NOT be accepted after the position closing date.
- 5. Have you included copies of all licensing?

Employee Certification

Before signing this application, read the following waiver carefully.

- 1. I have read and understand the job announcement for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge.
- 2. I authorize all current and previous employers to release job-related information upon the written request of the Faribault County Personnel Office. However, I understand that if, in the Employment History section, I have answered "No" to the question "May we contact this employer?" contact with the employer will not be made without my specific authorization.
- 3. I authorize the Faribault County Personnel Office to verify all information on this application to determine whether I am qualified for the position for which I am applying.
- 4. I understand that providing false information on this application may result in dismissal from any position gained based on that false information.

Printed Name	
Signature	Date Signed

Please return this completed application form to:
Faribault County Courthouse -Central Services Office
415 North Main Street, P.O. Box 130
Blue Earth MN 56013-0130
Phone: 507/526-6225 Fax: 507/526-6227

Hours: 8:00 a.m. - 4:30 p.m., Monday through Friday

Tennessen Warning

In accordance with the Minnesota Government Data Practices Act, Faribault County is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment at Faribault County. All data collected is considered private except for the following;

- 1. Your veteran's status
- 2. Relevant test scores.
- 3. Your rank on our eligibility list.
- 4. Your job history.
- 5. Your education and training.
- 6. Your work availability.

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information. The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of Faribault County. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability date is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered. Private data is available to you, appropriate county employees, and others as provided by state and federal law who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data. Except for race, sex, age, and disability date, the information you give us about yourself is needed to identify you and to assist the Faribault County Personnel Office in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by Faribault County to monitor protected class employment and to meet federal, state and local reporting requirements.

Data Practices Act.	
Applicant's Printed Name	
Applicant's Signature	Date

I declare that I have read and understand the information given above regarding the Minnesota

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(Office Use Only)

Faribault County Affirmative Action Applicant's Information

To All Applicants:

The following information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. The information will not be maintained in personnel files and it will not be made available to any person involved in decisions affecting an individual's appointment or promotion to a position. Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the recruitment and selection of employees for public service.

Position applying for: Instructions: Check the choice that answers each of the following questions.			
2. Of the following, of what racial/ethnic group do you consider yourself? American Indian/Alaskan Native African American Asian or Pacific Islander Spanish or Mexican American White Other			

Faribault County Veteran's Preference Claim Form

The eligibility requirements for veteran's preference are listed below. Read them carefully to see if you qualify. If you do wish to receive preference, be sure to complete this section. Anyone eligible for receiving a monthly veteran's pension benefit based exclusively on length of military service is not eligible. Providing the information in this section is voluntary.

Veteran Eligibility for Open Competitive Position (Five {5} Points)

- 1. Have a discharge under honorable conditions from active military service.
- 2. Be a citizen of the United States or a resident alien.
- 3. Have served on active duty for at least 181 consecutive days.
- 4. Have been separated by reasons of disability incurred while serving on active duty.
- 5. Have met the minimum active duty requirements for eligibility for federal veteran's benefits.

Disabled Veteran Eligibility for Open Competitive Position (Ten {10} Points)

Must have a compensable service connected disability as adjudicated by the United States Veteran's Administration or by the Retirement Board of the several branches of the armed forces and the disability must exist at the time preference is claimed.

Disabled Veteran Eligibility for Promotional Position (Five {5} Points)

Must, at the time of election to use preference, be entitled to disability compensation for a permanent service-connected disability rated at 50% or more and the position for which you are applying must be the first promotion after entering public employment.

Eligibility as a Spouse of a Deceased or Disabled Veteran

Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who, because of a disability, is unable to qualify for the particular position due to his/her disability and who would have or does meet the criteria for one of the above-listed preferences.

ALL APPLICANTS CLAIMING VETERAN'S PREFERENCE MUST ATTACH A COPY OF HIS/HER DD214. FAILURE TO DO SO MAY RESULT IN LOSS OF VETERAN'S PREFERENCE ELIGIBILITY.

Name of Veteran (last, first, middle)		Date of Birth
Name of Applicant—if different than veter	ran (last, first, middle)	
Address	City	State Zip
To be Completed by Veteran or Spot	use of Deceased Veteran	•
Are you a U.S. Citizen or resident Alie	n? YesNo	
Were you honorably discharged from r	nilitary Service?Yes N	lo .
Were you separated from military ser Yes No	rvice after serving active duty for	at least 181 consecutive days?
Do you currently have a compensable	service related disability? Ye	s No If yes, and you are
seeking your first promotion with Faril		• • •
For spouse of deceased veteran, date of	f death?	
Signature of Veteran	Social Security Number	Date
If spouse of Disabled Veteran, please a	nswer the following:	
If spouse is disabled, please explain wh	ny your spouse does not qualify for t	his position:
Claim Number (if disabled)		State Claim is Filed in
For Faribault County Use Only: Is the disability? Yes No	% of disability?	~ .