



Human Resource Office
415 Jefferson Street S
Wadena, MN 56482

Phone: 218-631-7779
Email: HR@co.wadena.mn.us

WADENA COUNTY APPLICATION FOR EMPLOYMENT

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Wadena County to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, place of residence, political affiliation, sex, marital status, status with regard to public assistance, disability, sexual orientation, age, or activity in a local human rights commission.

II. DATA PRIVACY NOTICE

The information requested on this application is intended to be used by the County in determining suitability for employment for the position, which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the County being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the County may be unable to provide the necessary accommodations if you do not provide the information in Section IV.

III. POSITION DESIRED

Title of position for which you are applying: _____

Date Available to Begin Employment: _____

IV. PERSONAL DATA

Name _____
Last Middle First

Address _____
Street City State Zip

Home Phone _____ Alternate Phone _____

Best time to call _____

If hired, can you provide documents required to establish your eligibility to work in the United States?
_____ Yes _____ No

Wadena County Application for Employment, continued

Have you previously worked for the County? _____ Yes _____ No

Date of Hire: _____ Date of Resignation: _____

If Yes, position held/department: _____

If Yes, under what name(s) may your previous employment records be found? _____

Do you have any special needs, which may necessitate accommodations in the application/interview process? _____ Yes _____ No

If yes, please describe the type of accommodation requested: _____

List all other names under which you have been employed or under which your employment or educational records may be found. _____

V. WORK/VOLUNTEER EXPERIENCE

List **most recent** work and volunteer experience, with most recent to be listed first. Please attach additional relevant work experience history sheets if necessary.

Employer Name: _____

Employer Address: _____

Name of Supervisor: _____ Phone: _____

Job Title: _____

Job Duties: _____

Dates mm/dd/yyyy of Employment/Experience: Start: _____ End: _____

Salary: Starting _____ Ending: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Employer Name: _____

Employer Address: _____

Name of Supervisor: _____ Phone: _____

Job Title: _____

Job Duties: _____

Dates mm/dd/yyyy of Employment/Experience: Start: _____ End: _____

Salary: Starting _____ Ending: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Wadena County Application for Employment, continued

Employer Name: _____
Employer Address: _____
Name of Supervisor: _____ Phone: _____
Job Title: _____
Job Duties: _____

Dates mm/dd/yyyy of Employment/Experience: Start: _____ End: _____
Salary: Starting _____ Ending: _____
Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Employer Name: _____
Employer Address: _____
Name of Supervisor: _____ Phone: _____
Job Title: _____
Job Duties: _____

Dates mm/dd/yyyy of Employment/Experience: Start: _____ End: _____
Salary: Starting _____ Ending: _____
Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Employer Name: _____
Employer Address: _____
Name of Supervisor: _____ Phone: _____
Job Title: _____
Job Duties: _____

Dates mm/dd/yyyy of Employment/Experience: Start: _____ End: _____
Salary: Starting _____ Ending: _____
Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

VI. LICENSES

List current licenses, registrations, or certificates relevant to the position for which you are applying.

<u>Description</u>	<u>License No.</u>	<u>Issued By</u>	<u>Date Issued</u>	<u>Expiration</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All applicable licenses or certifications must be received by the Human Rights Officer in the Auditor's office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

Wadena County Application for Employment, continued

VII. EDUCATION

List all schooling attended. Please attach additional education sheet if necessary.

Name of High School: _____
Address of School _____
Degree/Diploma Received: _____ Did you graduate? Yes No
Major/Minor: _____ Grade Point Average _____ out of _____

Name of School: _____
Address of School _____
Degree/Diploma Received: _____ Did you graduate? Yes No
Major/Minor: _____ Grade Point Average _____ out of _____
Dates mm/dd/yyyy of Attendance: Start: _____ End: _____

Name of School: _____
Address of School _____
Degree/Diploma Received: _____ Did you graduate? Yes No
Major/Minor: _____ Grade Point Average _____ out of _____
Dates mm/dd/yyyy of Attendance: Start: _____ End: _____

List/describe any other training and/or experience relevant to the position for which you are applying: _____

VIII. REFERENCES

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

Name of Reference: _____ Title: _____
Address: _____
Phone Number: _____ Relationship to You: _____

Name of Reference: _____ Title: _____
Address: _____
Phone Number: _____ Relationship to You: _____

Name of Reference: _____ Title: _____
Address: _____
Phone Number: _____ Relationship to You: _____

Wadena County Application for Employment, continued

IX. CRIMINAL BACKGROUND INFORMATION

The County will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions, criminal background information will be requested during the application state. Further, the County may conduct a criminal background check on individuals upon making a contingent job offer. Please refer to the job description for this position to determine if such a check will be conducted. If the job description or other application material states that a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to the County, and formal approval by the appointing authority.

X. VETERAN STATUS

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points? _____ Yes _____ No

Do you wish to claim Veteran's Preference Points? _____ Yes _____ No

If you are a disabled veteran and wish to claim additional points, please check here. _____

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within five (5) business days.

XI. PERSONAL STATEMENT

Please indicate why you are interested in the position and what you hope to accomplish if selected:

XII. UN-EXCUSED ABSENCES FROM WORK

How many days were you absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family? _____

Wadena County Application for Employment, continued

XIII. CERTIFICATION, ACKNOWLEDGMENT 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 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 and that until such approval the 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 and all current and former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application, or any agent of such a current or former employer or volunteer organizations, to release to the 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 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 employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, former employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

- **Notice to Applicant:** If you do not agree with any portion of the acknowledgment, certification, authorization and release, cross out that section and initial it.

- **Applications must be signed to be considered for employment. Complete all applicable areas. Do not mark your application “see resume”. An incomplete application may reduce your opportunity for employment with Wadena County. Applications must be received by the application deadline.**

Date _____ Signature: _____

Printed Name: _____

Wadena County Application for Employment, continued

SUPPLEMENT TO WADENA COUNTY EMPLOYMENT APPLICATION

Return to: Wadena County Human Resource Office
415 Jefferson Street S
Wadena, MN 56482
218-631-7779

APPLICANT SURVEY: Please Read Carefully

The information requested below will be used to meet Federal reporting requirements pertaining to equal employment opportunity and to determine the effectiveness of our recruitment efforts and our Affirmative Action Program.

Furnishing the information below is voluntary. It will not be kept in personnel files and will not be given to anyone making hiring decisions. We would appreciate your assistance in our efforts to provide equal opportunity in employment.

Age Group

16-25
 26-39
 over 40

What Race/Ethnic Group Do You Consider Yourself?

White Black
 Asian or Pacific Islander Hispanic
 American Indian or Alaskan Native

Gender

Female Male

Disabilities

Do you have a disability which substantially limits one of life's major activities such as walking, caring for yourself, seeing, hearing, speaking, performing manual tasks, breathing, learning, working? Do not answer yes to this question, for example, if you have a visual problem corrected by glasses.

Yes No

If "Yes", please describe _____

How Did You Learn About This Job?

Newspaper Ad Name of Newspaper: _____
 County Employee
 County Website
 Walk-In
 Employment Agency
 Other-Explain _____

Wadena County Application for Employment, continued

Equal Employment Opportunity Form

Wadena County is an Equal Opportunity Employer and is required to have an Affirmative Action Plan. We make employment decisions without regard to race, color, creed, religion, national origin, sex, marital status, physical or mental disability, veteran/military status, age, status with regard to public assistance, sexual orientation, genetic information, place of residence, political affiliation, membership or activity in a local human rights commission, or any other legally protected status. Your employment is based upon your qualifications for the position.

Position Applied For:: _____

Today's Date: _____ How did you learn about this position?: _____

Wadena County must comply with the provisions and amendments of Executive Order 11246, Title VII of the Civil Rights Act of 1964, The Age Discrimination in Employment Act of 1967, Americans with Disabilities Act of 1990, Uniformed Services Employment and Reemployment Rights Act, The Genetic Information Nondiscrimination Act of 2008, MN Human Rights Act Chapter 363A, and other existing laws related to Equal Employment Opportunity (EEO.) This information is requested in accordance with those federal & state regulations every year. This information is voluntary, it will be kept confidential and separate from your personnel file, and refusal to supply this information will not subject you to any adverse treatment.

Race / Ethnicity

Hispanic
A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race

Black
(not of Hispanic origin)
A person having origins in any of the black racial groups of Africa

Asian or Pacific Islander
A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa

White
(not of Hispanic origin)
A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

American Indian or Alaskan Native
A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition

Gender

Male

Female

Covered Veterans

Disabled Veteran
Veteran who served on active duty and is entitled to disability compensation or was discharged or released from active duty because of service-connected disability

Veteran of the Vietnam-era
Served on active duty more than 180 days in Armed Forces in Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964 and May 7, 1975 in all areas

Other Protected Veteran
Served on active duty in Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized; other than disabled veteran or recently separated veteran

Recently separated Veteran
Any veteran who separated from service during previous 3 year period beginning on date of discharge or release from active duty

Disability

Disabled

Any person who has a physical or mental impairment that substantially limits one or more of such person's major life activities; has a record of such an impairment; or is regarded as having such an impairment