

NOTICE TO APPLICANTS

THE MINNESOTA GOVERNMENT DATA PRACTICES ACT (MINNESOTA STATUTES 15.1611-15.1699) HAS TWO SECTIONS THAT AFFECT YOU AS AN APPLICANT FOR EMPLOYMENT AT WADENA COUNTY.

FIRST, UNDER "RIGHTS OF SUBJECTS OF DATA" (MINNESOTA STATUTE 15.165), WHEN YOU ARE ASKED TO PROVIDE US WITH DATA ABOUT YOURSELF, WE MUST TELL YOU:

- A) THE PURPOSE AND INTENDED USE OF THE DATA;
- B) WHETHER YOU MAY REFUSE OR ARE LEGALLY REQUIRED TO SUPPLY THE REQUESTED DATA;
- C) ANY KNOWN CONSEQUENCE ARISING FROM YOUR SUPPLYING OR REFUSING TO SUPPLY THE DATA;
AND
- D) THE IDENTITY OF OTHER PERSONS OR ORGANIZATIONS AUTHORIZED BY STATE OR FEDERAL LAW
- E) TO RECEIVE THE DATA YOU PROVIDE.

SECONDLY, UNDER "PERSONNEL DATA" (MINNESOTA STATUTE 15.1692), THE FOLLOWING DATA ON YOU AS AN APPLICANT FOR EMPLOYMENT BY A PUBLIC AGENCY IS AUTOMATICALLY PUBLIC*:

- A) YOUR VETERAN'S STATUS;
- B) RELEVANT TEST SCORES;
- C) YOUR RANK ON OUR ELIGIBLE LIST;
- D) YOUR JOB HISTORY;
- E) YOUR EDUCATION AND TRAINING; AND
- F) YOUR WORK AVAILABILITY;

AS AN APPLICANT, YOUR NAME IS CONSIDERED PRIVATE** UNTIL YOU ARE CERTIFIED AS ELIGIBLE FOR APPOINTMENT TO A POSITION OR WHEN APPLICANTS ARE CONSIDERED BY THE APPOINTING AUTHORITY TO BE FINALISTS FOR A POSITION IN PUBLIC EMPLOYMENT. "FINALIST" MEANS AN INDIVIDUAL WHO IS SELECTED TO BE INTERVIEWED BY THE APPOINTING AUTHORITY PRIOR TO SELECTION.

IF YOU ARE HIRED, THE FOLLOWING ADDITIONAL DATA ABOUT YOU WILL BE PUBLIC*:

- A) YOUR NAME;
- B) YOUR ACTUAL GROSS SALARY AND SALARY RANGE;
- C) YOUR ACTUAL GROSS PENSION;
- D) THE VALUE AND NATURE OF EMPLOYER-PAID BENEFITS;
- E) THE BASIS FOR AND THE AMOUNT OF ANY ADDED REMUNERATION,
SUCH AS EXPENSE OR MILEAGE REIMBURSEMENT IN ADDITION TO
YOUR SALARY;
- F) YOUR JOB TITLE;
- G) YOUR JOB DESCRIPTION;
- H) THE DATES OF YOUR FIRST AND LAST EMPLOYMENT WITH US;
- I) THE STATUS OF ANY COMPLAINTS OR CHARGES AGAINST YOU WHILE
YOU WORK FOR WADENA COUNTY, AND WHETHER OR NOT THEY RESULT
IN A DISCIPLINARY ACTION;
- J) THE FINAL OUTCOME OF ANY DISCIPLINARY ACTION TAKEN AGAINST
YOU AS AN EMPLOYEE OF WADENA COUNTY, AND ALL THE SUPPORTING
DOCUMENTATION ABOUT YOUR CASE;
- K) CONTRACT FEES;
- L) YOUR EDUCATION AND TRAINING BACKGROUND;
- M) YOUR PREVIOUS WORK EXPERIENCE;
- N) YOUR WORK LOCATION;
- O) YOUR WORK TELEPHONE NUMBER;
- P) YOUR BADGE NUMBER;
- Q) YOUR CITY AND COUNTY OF RESIDENCE;
- R) HONORS AND AWARDS RECEIVED;
- S) DATA WHICH ACCOUNTS FOR THE INDIVIDUAL'S WORK TIME;

ALL DATA CONCERNING YOU WHICH IS PLACED IN YOUR APPLICATION FOLDER OR YOUR PERSONNEL FILE AND WHICH IS NOT LISTED ABOVE AS PUBLIC IS PRIVATE DATA. THIS PRIVATE DATA WILL BE SHARED WITH YOU AND THOSE MEMBERS OF COUNTY STAFF WHO NEED IT TO PROCESS THE APPLICATION, UPDATE YOUR PERSONNEL RECORD, EVALUATE YOUR WORK PERFORMANCE, AND IF YOU ARE HANDICAPPED, PROVIDE THE NECESSARY ACCOMMODATIONS. IN ADDITION, THE FOLLOWING PERSONS OR ORGANIZATIONS ARE AUTHORIZED BY STATE OR FEDERAL LAW TO RECEIVE THIS PRIVATE DATA IF THEY SO REQUEST:

- THE BUREAU OF CENSUS
- FEDERAL, STATE, AND COUNTY AUDITORS
- THE STATE DEPARTMENT OF PUBLIC WELFARE IN REGARD TO LOCATING PARENTS WHO HAVE DESERTED THEIR CHILDREN
- THE DEPARTMENT OF HUMAN RIGHTS

-- FEDERAL OFFICIALS INVESTIGATING THE COMPLIANCE OF AFFIRMATIVE ACTION AND EQUAL

EMPLOYMENT OPPORTUNITIES TO CONDUCT ELECTIONS, NOTIFY EMPLOYEES OF FAIR SHARE FEE ASSESSMENTS, AND IMPLEMENT THE PROVISIONS OF THE MINNESOTA LABOR RELATIONS STATUTE.

-- LABOR ORGANIZATIONS AND THE BUREAU OF MEDIATION SERVICES TO THE EXTENT ORDERED OR AUTHORIZED BY THE DIRECTOR OF THE BUREAU OF MEDIATION SERVICES.

WITH THE EXCEPTION OF RACIAL AND ETHNIC DATA, THE DATA YOU GIVE US ABOUT YOURSELF IS NEEDED TO IDENTIFY YOU AND TO ASSIST IN DETERMINING YOUR SUITABILITY FOR THE POSITION FOR WHICH YOU ARE APPLYING. RACIAL AND ETHNIC DATA ARE USED IN SUMMARY FORM BY THE COUNTY'S AFFIRMATIVE ACTION PROGRAM TO MONITOR PROTECTED CLASS EMPLOYMENT AND TO MEET FEDERAL, STATE, AND LOCAL REPORTING REQUIREMENTS. FURNISHING RACIAL AND ETHNIC DATA ABOUT YOURSELF, AS WELL AS YOUR SOCIAL SECURITY NUMBER, IS VOLUNTARY.

YOU ARE NOT LEGALLY REQUIRED TO SUPPLY ANY OF THE DATA WE ASK FOR ON YOUR APPLICATION, BUT IF YOU CHOOSE TO WITHHOLD ANY DATA OTHER THAN RACIAL, ETHNIC, OR YOUR SOCIAL SECURITY NUMBER, WE CANNOT CONSIDER YOU FOR EMPLOYMENT. IF YOU DO PROVIDE THE DATA, YOUR APPLICATION WILL BE CONSIDERED AND, IF YOU ARE EMPLOYED, THE DATA YOU HAVE GIVEN US AS AN APPLICANT WILL BECOME PART OF YOUR EMPLOYEE RECORD.

+ "PUBLIC" MEANS THAT IT IS AVAILABLE TO ANYONE WHO ASKS TO SEE IT.

+ "PRIVATE" INFORMATION IS AVAILABLE ONLY TO THE PERSON IT IS ABOUT AND TO THE STAFF WHO MUST USE IT IN THE NORMAL COURSE OF CONDUCTING COUNTY BUSINESS.

APPLICANT FLOW SURVEY

THE INFORMATION REQUESTED IN THE FOLLOWING QUESTIONS WILL NOT AFFECT YOU AS AN APPLICANT. THIS INFORMATION WILL BE USED TO DETERMINE IF OUR RECRUITMENT EFFORTS ARE REACHING ALL SEGMENTS OF THE COMMUNITY, TO VALIDATE OUR TESTS, AND TO MEET FEDERAL REPORTING REQUIREMENTS. THE INFORMATION WILL NOT BE PLACED IN YOUR PERSONNEL FILE **AND WILL NOT BE GIVEN TO ANYONE WHO MAKES HIRING DECISIONS.** WE WOULD APPRECIATE YOUR COOPERATION AND ASSISTANCE IN OUR EFFORTS TO ENSURE EQUAL OPPORTUNITY. PROVIDING INFORMATION ON RACE, SEX, HANDICAP, AND VETERAN STATUS IS VOLUNTARY; HOWEVER, **ALL OTHER QUESTIONS MUST BE ANSWERED.**

FOR OFFICE USE ONLY

APPLICANT NO.

DATE: _____

POSITION APPLYING FOR: _____ SOCIAL SECURITY NO. _____

NAME: _____
(LAST) (FIRST) (MI)

ADDRESS: _____ PHONE NO. : _____

AGE GROUP:

- ___ 16-19
- ___ 20-29
- ___ 30-39
- ___ 40-54
- ___ 55-69
- ___ 70-Up

SEX

- ___ Female
 - ___ Male
- VETERAN'S STATUS
- ___ Veteran
 - ___ Vietnam Era Vet
 - ___ Qualified Disabled Veteran

RACE/ETHNIC GROUP:

1. ___ White (Nonhispanic)
2. ___ Black (Nonhispanic)
3. ___ Hispanic
4. ___ Asian or Pacific Islander
5. ___ Amer. Indian or Alaskan Native

HOW DID YOU LEARN ABOUT THIS JOB?

- ___ PRIVATE EMPLOYMENT AGENCY..... NAME: _____
- ___ PUBLIC EMPLOYMENT AGENCY..... NAME: _____
- ___ LOCAL NEWSPAPERS..... NAME: _____
- ___ COLLEGE/TECH SCHOOL..... NAME: _____
- ___ OTHER (BE SPECIFIC)..... NAME: _____

CHANGES TO THIS APPLICATION INCLUDING ADDRESS CHANGE MUST BE

FOR EMPLOYMENT

FOR OFFICE USE ONLY APPLICATION NUMBER

WADENA COUNTY AFFIRMATIVE ACTION OFFICE
WADENA COUNTY COURTHOUSE
WADENA, MN 56482 218-631-7786

AN EQUAL OPPORTUNITY EMPLOYER

NOTICE: TO ALL DEPARTMENT/DIVISION HEADS: Original application must be forwarded to the Affirmative Action Office upon receipt. Failure to do so will void this application.

1. Date: _____ 2. Position applied for: _____

NAME: _____	(LAST)	(FIRST)	(MI)
ADDRESS: _____			

4. Home Phone No: _____ 5. Work Phone No: _____
 6. Social Security No: _____
 7. Are you legally eligible for employment in the USA? _____
 8. Are you 18 years of age? _____

I WOULD ACCEPT: <input type="checkbox"/> Full Time <input type="checkbox"/> Permanent part-time <input type="checkbox"/> Contractual <input type="checkbox"/> Limited Term <input type="checkbox"/> Temporary <input type="checkbox"/> Summer Only	AVAILABILITY: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Rotating <input type="checkbox"/> Monday-Friday
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9. Are you presently an employee of Wadena County: ___ If yes, check status:
 Full Time Limited Term
 Permanent part-time Temporary
 Contractual Probationary

10. Have you ever been convicted of a felony? ___ If yes, provide details on separate sheet (non job-related convictions do not disqualify you from employment)

11. Veteran's Status: Have you ever served on active duty in the U.S Armed Forces for 181 consecutive days: Yes ___ No ___
 Dates of Duty: From _____ To _____
 Mo. Day Yr. Mo. Day Yr.
 Veterans Preference claimed Yes ___ No ___ (If yes attach a copy of DD214)

12. If position involves driving, please provide: Driver's License No. _____ Class _____
13. Have you had any moving violations in the past five (5) years? Yes ___ No ___ If yes, explain _____ _____
Your signature below authorizes release of your driving record to County Personnel to determine your employment eligibility:
SIGNATURE: _____

14. Education: Did you graduate from high school or receive a GED?
 High School attended? _____
 How many years of education have you had? (Circle) 8 9 10 11 12 13 14 15 16

15. Name & location of College, University, Technical, Professional, Business Correspondence, Trade, or other school:

Name	Address	Cert/Degr. Or Hrs.	Date Received	Major/Minor Subject

16. Work experience. Be complete. The information you provide will be used for determining job qualifications. Do not mark application "See Resume." Applications may be rejected if incomplete. Give your present or most recent employment first.

Employing Firm	Your Title	From	To
Address	Supervisor	MO. ____ YR: ____	MO. ____ YR. ____
City	State	Zip	Reason for Leaving
Specific Duties: _____		Total Time	____ Full Time
_____		YRS. ____ MOS. ____	____ Part -Time/Hrs. Wk
_____		Starting Salary	Last Salary
		Per Mo. _____	Per Mo. _____

Employing Firm	Your Title	From	To
Address	Supervisor	MO. ____ YR: ____	MO. ____ YR. ____
City	State	Zip	Reason for Leaving
Specific Duties: _____		Total Time	____ Full Time
_____		YRS. ____ MOS. ____	____ Part -Time/Hrs. Wk
_____		Starting Salary	Last Salary
		Per Mo. _____	Per Mo. _____

Employing Firm	Your Title	From	To
Address	Supervisor	MO. ____ YR: ____	MO. ____ YR. ____
City	State	Zip	Reason for Leaving
Specific Duties: _____		Total Time	____ Full Time
_____		YRS. ____ MOS. ____	____ Part -Time/Hrs. Wk
_____		Starting Salary	Last Salary
		Per Mo. _____	Per Mo. _____

17. List Appropriate Certificates, Registration, or Occupational Licenses Held:

Class: _____ Number _____ Exp. Date _____

List volunteer or community work relevant to the position for which you are applying:

Organization	Type of Work	Hrs/Wk	How Long	Supervisor

18. Please list special skills: e.g. office machines, other types of equipment etc.

Do you type?

WPM

Do you take shorthand?

WPM

19. References: Please list persons other than relatives or previous employers who are familiar with your qualifications.

Name	Address	Phone	Relationship

All applications must be completed and returned to the Affirmative Action Office no later than _____. Failure to do so will eliminate you from consideration for the position.

I certify that all statements made on this application are true, complete, and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application will disqualify me from employment.

NOTICE: Your application will be kept on file one year after date of submission.

Applicant's Signature