

**EMPLOYMENT APPLICATION**  
**PENNINGTON COUNTY**

COUNTY COURTHOUSE

P.O. Box 616 ♦ Thief River Falls, MN 56701  
(218) 683-7000

**ANSWER ALL QUESTIONS – PLEASE PRINT IN BLACK INK OR TYPE**

AN EQUAL OPPORTUNITY EMPLOYER, it is Pennington County's policy to provide equal opportunity in employment. The County will not discriminate on the basis of race, age, religion, national origin, marital status, disability, sex, sexual preference, status with regard to public assistance, or any other basis protected by law.

The information contained in this application is considered private data under the Minnesota Data Practices Act, and will be used only in conjunction with your possible employment. Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information, which provides additional detail about your qualifications for employment in the position you seek. Your application will be evaluated in comparison to the requirements for that position. As an applicant for employment, your name is considered private until you become a finalist for employment with the County. You are considered a finalist if and when you are selected and notified for a final interview.

DATE OF APPLICATION: \_\_\_\_\_

POSITIONS APPLIED FOR: \_\_\_\_\_

APPLYING FOR:  Full-Time  Part-Time Permanent  Temporary (Seasonal)

AVAILABLE TO WORK:  Weekdays  Weekends  Days  Nights

REFERRAL SOURCE:  Advertisement  Friend  Relative  Employment Agency

Other \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle All Prior Names

ADDRESS: \_\_\_\_\_  
Street City State Zip

HOME PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES  
IN THE POSITION FOR WHICH YOU ARE APPLYING?  YES  NO  
(Proof of citizenship or work eligibility will be required as a condition of employment.)

ARE YOU AT LEAST 16 YEARS OF AGE?  YES  NO

ARE YOU AT LEAST 18 YEARS OF AGE?  YES  NO  
(An applicant must be at least 16 years of age to operate dangerous equipment. An applicant  
must be at least 18 years of age, to sell intoxicating beverages or to be a volunteer or paid firefighter.)

MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO

IF NO, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU PREVIOUSLY WORKED FOR THE COUNTY?  YES  NO

IF YES, POSITION HELD/DEPARTMENT: \_\_\_\_\_

IF YES, UNDER WHAT NAME MAY YOUR PREVIOUS EMPLOYMENT RECORDS  
BE FOUND? \_\_\_\_\_

ARE YOU ON LAY-OFF AND SUBJECT TO RECALL?  YES  NO

CAN YOU TRAVEL IF A JOB REQUIRES IT?  YES  NO

DID YOU SERVE IN THE U.S. ARMED FORCES?  YES  NO

DESCRIBE YOUR DUTIES: \_\_\_\_\_  
\_\_\_\_\_

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 WHICH YOU HAVE BEEN EMPLOYED OR UNDER  
WHICH YOUR EMPLOYMENT OR EDUCATION RECORDS MAY BE FOUND.  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY CLERICAL, ADMINISTRATIVE, AND FISCAL POSITION APPLICANTS:**

Typing Ability             YES         NO        \_\_\_\_\_ W.P.M.

Shorthand Ability             YES         NO        \_\_\_\_\_ W.P.M.

Business Machine Experience: \_\_\_\_\_  
\_\_\_\_\_

Bookkeeping Experience: \_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY LABOR AND SKILLES TRADE POSITION APPLICANTS:**

Apprenticeship(s) served or trades and skills learned: \_\_\_\_\_  
\_\_\_\_\_

Capable of operating the following equipment: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT/VOLUNTEER EXPERIENCE**

List ***all*** work and volunteer experience, most recent to be listed first. Include military service assignments and volunteer activities.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

***If you need additional space, please continue on a separate sheet of paper. Although you must fully complete this application, you may also include a job resume or other description of your work, volunteer and personal experiences which are relevant to this position.***

**LICENSURE**

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

<u>License/No.</u>	<u>Issued By</u>	<u>Date</u>	<u>Expirations</u>

All applicable licenses or certifications must be received in the Personnel Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

**EDUCATION**

Include high school and/or institution GED and any additional education/courses taken. Do not list dates attendance for high school. List most recent first.

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_

List/describe any other training and/or experience relevant to the position for which You are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

Theses 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: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

### CRIMINAL BACKGROUND INFORMATION

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 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.

### 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.**

**PRIOR EMPLOYMENT**

Have you ever been discharged or forced to resign from prior employment? \_\_\_\_\_  
If so, identify the employer and described the circumstances:

\_\_\_\_\_

**PERSONAL STATEMENT**

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

\_\_\_\_\_

\_\_\_\_\_

**UNEXCUSED ABSENCES FROM WORK**

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

**CERTIFICATION, ACKNOWLEDGEMENT 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 regarding 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, for any and all liability of whatever nature by reason of requesting or providing such information.

Date \_\_\_\_\_

Signature \_\_\_\_\_

(Do not Print)

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



## **PENNINGTON COUNTY TENNESSEN WARNING**

In accordance with the Minnesota Government Data Practices Act, Pennington County is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information which you are asked to provide on the application for employment or after employment is considered private data:

1. Name
2. Home Address
3. Home Phone Number
4. Social Security Number
5. Date of Birth
6. Conviction Record
7. Sex
8. Age Group
9. Disability Type

We ask this information for the following reasons:

To distinguish you from all the other applicants and identify you in our personnel files;  
to enable us to verify that you are the individual who makes the application;  
to enable us to contact you when additional information is required;  
to send you notices and/or schedule you for interviews;  
to determine if you meet the minimum age requirements (if any);  
to conduct proper investigations if you are applying for a position;  
to determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for;  
to enable us to ensure your rights to equal opportunities;  
to meet federal and state reporting requirements;  
and to make processing more efficient.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in Pennington and the policies, rules and regulations promulgated pursuant thereto.

**FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.**

Private data is available only to you and to other persons in the County Office who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Please acknowledge that you have read and understand the Tennessean Warning.

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Signature

Date