

APPLICATION FOR EMPLOYMENT

Redwood County Administrator's Office
403 S. Mill Street
P.O. Box 130
Redwood Falls MN 56283
507-637-4016

Dear Applicant:

Redwood County welcomes you as an applicant for employment. Your application will be considered with others in competition for this vacancy. It is the policy of Redwood County to provide equal opportunity in employment. This applies to origin, political affiliation, disability, marital status, personal life style, gender or age in all aspects of Redwood County's personnel policies, programs, practices and operations. This policy applies to all full-time, part-time, temporary and seasonal employment.

The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment with Redwood County. Please furnish us with complete information. You are encouraged to attach any additional information that you believe qualifies you for the position.

PLEASE TYPE OR PRINT
PLEASE PROVIDE ALL INFORMATION REQUESTED

Position Applying For	Date of Application
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Last Name	First Name	M.I.	
Address	City	State	Zip
Home Phone Number	Cell Phone Number		
Drivers License Number	Class	State of Issue	

Have you ever filed an application with us before? Yes No

If yes, for what position? _____

Have you ever been employed with us before? Yes No

On what date are you available to work? _____

Are you available to work: Full Time Part Time Temporary

	Name and Location of School	Area of Study	Years Completed	Did You Graduate	Degree Received
High School					
College					
Graduate School					
Other (Specify)					

*Copies of official transcripts and/or licensures will be required upon hire.

Specialized Skills

____ Personal Computer	____ Word Perfect	____ E-Mail
____ Windows	____ Lotus	____ Access
Versions:	____ MS Word	____ Crystal Reports
1998 ____ 2000 ____	'97, '00, '03, XP,	____ AS400
ME ____ XP ____	'07	____ Other Programs (List)
Vista ____ 7 ____	____ MS Excel	
____ Fax Machine	____ Internet	
____ Mail Machine	____ MS Works	

Employment Experience

Start with your present or most recent employer. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. **While a resume may be attached to provide additional information, do not write “see resume” without filling in as much information as possible.**

Employer	Dates Employed	
	Start	Final/Current
Address	Hourly Pay	
	Start	Current/Final
City, State and Zip		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		
Work Performed		

Employer	Dates Employed	
	Start	Final/Current
Address	Hourly Pay	
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City, State and Zip		
Telephone Number(s)		
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Employer	Dates Employed	
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	Start	Current/Final
City, State and Zip		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		
Work Performed		

Please describe any unsalaried experience you feel would help us in considering your application:

References (Please include at least two professional references)

Name	Telephone Number
Occupation	Relationship

Name	Telephone Number
Occupation	Relationship

Name	Telephone Number
Occupation	Relationship

Veteran's Preference Points Application

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results if they obtain a passing rating, pursuant to M.S. §197.455. To be eligible you must:

- 1) Be a citizen of the U.S. or resident alien who has separated under honorable conditions from any branch of the armed forces of the United States; and
 - have served on active duty for at least 181 consecutive days; OR
 - completed the full period federally ordered to active duty; OR
 - have separated by reason of USDVA verified injury incurred while serving on active duty; or
- 2) be the surviving spouse of a veteran (as defined above) who died on active duty or as a result of a USDVA verified active duty injury; OR the spouse of a disabled veteran who because of the disability is not able to qualify.

Are you applying for veteran's preference points? **Yes** **No**

If yes, you must complete the sections below. In order to receive credit, you must submit a copy of your (spouse's) DD214 by the closing date of the position for which you are applying, as well as documentation of a USDVA verified injury, if any.

Preference Requested:

- Veteran Disabled Veteran Spouse of Disabled Veteran
 Spouse of Deceased Veteran If Spouse, veteran's name _____

Branch of Service: _____

Rank at Discharge: _____

Period of Active Duty: From _____ To _____

Type of Discharge: _____

Do you have a compensable service-related disability?

- Yes No

Describe relevant training received: _____

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 this application stage. Further, the County may conduct a criminal background check on individuals upon making a contingent job offer. If a contingent job offer is made, 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 Redwood County, and formal approval of employment is made by the County Board.

Training

Please describe any specialized training, workshops or conferences you have attended that make you qualified for this position:

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 immediate dismissal should I be employed by Redwood County.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Redwood County Board of Commissioners and that until such approval that Redwood County shall not be liable for any reliance on any oral or written offers of employment to me.

In connection with this application, **I hereby authorize** any and all former employers, organizations where I have volunteered and references named in this application, or any agent of such a former employer or volunteer organization, to release to Redwood 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 Redwood 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 acknowledge that, unless otherwise defined by applicable law, any employment relationship with Redwood County is of an “at will” nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by condition unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I hereby release Redwood County and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of Redwood County, former employers and volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Signature_____ Date_____

REDWOOD COUNTY TENNESSEN WARNING FOR APPLICANTS

In accordance with the Minnesota Government Data Practices Act, we are required to inform you of your rights as they pertain to the private information we collect from you. The information we collect from you is classified by law as either public (anyone can see it), private (the public is not given access, but you are), or confidential (even you cannot see the information). As a public employee or an applicant for public employment, most of the data we maintain about you is public according to Minnesota Statutes, Section 13.43, Subdivisions 2 and 3.

The following people are classified as "employees" and data maintained about them by agencies of the system must be administered according to the Act (Minnesota Statutes, Section 13.43, Subdivision 1.): paid employees, volunteers, private individuals under contract, and members of advisory boards or commissions.

APPLICANTS - The following data about applicants for public employment is public: veteran status, relevant test scores, rank on eligible list, job history, education and training, and work availability. The names of applicants shall be private data unless they are certified eligible for appointment to a vacancy, or are considered to be finalists for a position in public employment (Minnesota Statutes, Section 13.43, Subdivision 3).

EMPLOYEES - The following data about public employees is public: name, actual gross salary, salary range, contract fees, actual gross pension, value and nature of employer-paid fringe benefits, the basis for and the amount of any added remuneration including expense reimbursement in addition to salary, job title, job description, education and training background, previous work experience, date of first and last employment, the status of any complaints or charges against the employee and whether or not the complaint or charge resulted in disciplinary action, the final disposition of any disciplinary action and supporting documents, work location, work telephone number, badge number, honors and awards received, payroll time sheets that are only used to account for employee's work time for payroll purposes except to the extent that release of time sheet data would reveal the employee's reasons for the use of sick or other medical leave or other not public data, and city and county of residence (Minnesota Statutes, Section 13.43, Subdivision 2).

PRIVATE PERSONNEL DATA - All other personnel data on individuals are private, except pursuant to a valid court order (Minnesota Statutes, Section 13.32, Subdivision 4.). The following is also private data: 1) Data on individuals who participate in employee assistance programs (Minnesota Statutes, Section 13.43, Subdivision 7), and 2) Information which would reveal the identity of an undercover law enforcement officer (Minnesota Statutes, Section 13.43, Subdivision 5).

ACCESS BY LABOR UNIONS - Agencies may disseminate private data on personnel if the responsible authority of the agency determines that the dissemination is necessary for the labor union to: 1) Conduct elections, 2) Notify employees of fair share fee assessments, and 3) Implement the provisions of the Labor Relations Act (Minnesota Statutes, Chapter 179).

The Act further provides that if an agency is not certain that the dissemination of private information is legal and justified, that the responsible authority may contact the Director of the Bureau of Mediation Services for a determination if the dissemination is authorized.

INVESTIGATIONS - Investigations of personnel of an agency for employee misconduct such as embezzlement, abuse, unethical conduct, etc., are confidential (Minnesota Statutes, Section 13.46, Subdivision 6 (a)). Only the data necessary for the conduct of an investigation is confidential, not the whole employee personnel file.

The information we request from you may be used for one or more of the following purposes:

- To distinguish you from all other applicants or employees and identify you in our personnel file;
- To determine your eligibility for employment or promotion;
- To contact you or other significant persons in an emergency;
- To enroll you and your family members for health insurance;
- To enroll you for pension plans;
- To account for wages paid;
- To justify travel expense reimbursement;
- To account for other employer paid fringe benefits;
- To compile Equal Opportunity and Affirmative Action reports.

Information which you are asked to provide generally is not required by statute. However, it generally is to your benefit to provide it. Without the requested information, the county may not be able to determine your eligibility for employment or promotion, compute your wages, or grant you other fringe benefits.

Federal law permits government agencies to require an individual to provide his/her Social Security Number for the administration of any tax. Please be aware that when you are asked to give your Social Security Number on Revenue Forms, this collection is mandated by Section 1211 of the Tax Reform Act of 1976 and also Minnesota Statutes, Section 270.66. This information will be shared with the State Department of Revenue, the Internal Revenue Service, and the Federal Department of Health and Welfare for the purposes of administering the income tax program. In most other cases the disclosure of your Social Security Number is voluntary. If it is required by law, we will inform you of the statute which requires collection.

If you are a minor, your parents or guardian will have access to the information in your personnel file unless you specifically request in writing that this information not be shown to your parents or guardian. You must explain why you wish this data withheld and what you expect the consequences of this activity to be. If the agency agrees that withholding the information from your parents or guardian is in the best interests, the information will not be shown to your parents or guardian.

The information you provide may be routinely shared with county personnel office staff who require the information to do their jobs, agency accounting/payroll staff, insurance contractors, Minnesota Merit or Civil Service System, PERA and MSRS, IRS, and the State Departments of Revenue, Finance, Economic Security, Employee Relations, and Labor and Industry.

Information may also be shared with other agencies authorized by law to receive specific data relating to: Absent/non-supporting parents; Civil Human Rights complaints; Worker's Compensation; Unemployment Compensation; Labor contracts (to the extent specified in Minnesota Statutes, Chapter 179); Employee Assistance Programs; and Child/Vulnerable Adult abuse.

I have read and understand the above statement.

Applicant's Signature _____ Date _____