



COUNTY OF POLK

APPLICATION FOR CLASSIFIED PERSONNEL POSITIONS

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Polk County to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

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 that 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. The information on this application which is classified, as private data in the Minnesota Government Data Practices Act will not be released outside the County without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

III. POSITION DESIRED

Title of position for which you are applying: _____

Date available to begin Employment: _____

IV. PERSONAL DATA

Name: _____

First

Middle

Last

Address: _____

Street

City

State

Zip

Cell Phone: _____

Home (Alt) Phone: _____

E-mail Address: _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States:

Yes _____ No _____

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?

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 **all** work and volunteer experience with the last 7 years, *most recent to be listed first*:

1. Employer Name: _____

Dates of Employment/Experience: _____

Job Title: _____

Job Duties: _____

Reason for Leaving: _____

Employer Address: _____

Contact Name/Position/Phone: _____

May we contact this employer? Yes _____ NO _____ Explanation: _____

2. Employer Name: _____

Dates of Employment/Experience: _____

Job Title: _____

Job Duties: _____

Reason for Leaving: _____

Employer Address: _____

Contact Name/Position/Phone: _____

May we contact this employer? Yes _____ NO _____ Explanation: _____

3. Employer Name: _____

Dates of Employment/Experience: _____

Job Title: _____

Job Duties: _____

Reason for Leaving: _____

Employer Address: _____

Contact Name/Position/Phone: _____

May we contact this employer? Yes ___ NO ___ Explanation: _____

4. Employer Name: _____

Dates of Employment/Experience: _____

Job Title: _____

Job Duties: _____

Reason for Leaving: _____

Employer Address: _____

Contact Name/Position/Phone: _____

May we contact this employer? Yes ___ NO ___ Explanation: _____

Attach additional sheets if necessary.

VI. LICENSURE

List current licenses, registrations, or certificates relevant to the position for which you are applying. Please include *Driver's License* number and state of issue.

<u>License/No.</u>	<u>Issued By</u>	<u>Date</u>	<u>Expiration</u>
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All applicable licenses or certifications must be received in the Administration Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

VII. EDUCATION

Include high school and/or institution issuing GED and any additional education/courses taken. **Do not list dates of attendance for high school.**

If degree has not been received, make sure you indicate the status of the coursework/anticipated completion date. List most recent first:

Name of School/Institution: _____

Dates of Attendance: _____

Major/Minor: _____

Degree/Diploma Received: _____

Address of School: _____

Name of School/Institution: _____

Dates of Attendance: _____

Major/Minor: _____

Degree/Diploma Received: _____

Address of School: _____

Name of School/Institution: _____

Dates of Attendance: _____

Major/Minor: _____

Degree/Diploma Received: _____

Address of School: _____

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

RATE your level of Computer Proficiency (circle or highlight):

Advanced		Intermediate		Basic
5	4	3	2	1

List/describe your experience with computers and list software/applications you have used:

VIII. 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? Yes _____ No _____

**Proof of status may be requested for verification*

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

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

IX. SEPARATION FROM PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment? _____

If so, identify the employer and describe the circumstances:

X. UNEXCUSED ABSENCES FROM WORK

How many days were you absent from work during the preceding three (3) years that were unexcused absences by your employer? (*do not include absences that were due to illness or injury of you or your immediate family*). _____ Please explain:

XI. PERSONAL STATEMENT

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

XII. WHERE DID YOU LEARN ABOUT THIS POSITION OPENING?

SOURCE: _____

XIII. REFERENCES

Provide at least three (3) references that can provide Polk County with relevant information regarding your qualifications for the position. This list should be inclusive of current/past management under whom you have worked. It is preferred that all references are professional, but if that is not possible, a minimum of two (2) professional references in addition to one (1) personal reference who would be able to attest to your qualifications, such as a co-workers, advisor, etc. is acceptable. It is preferred that references are not related to you. If you must provide reference who is related, be sure to indicate that. Polk 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/Company: _____

Relationship: _____ (check one) Professional: _____ Personal: _____

Phone Number: _____ Email: _____

Name of Reference: _____

Title/Company: _____

Relationship: _____ (check one) Professional: _____ Personal: _____

Phone Number: _____ Email: _____

Name of Reference: _____

Title/Company: _____

Relationship: _____ (check one) Professional: _____ Personal: _____

Phone Number: _____ Email: _____

XV. 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 that 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 former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such a 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 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 to the County and all 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 acknowledgment, certification, authorization and release, cross out that section and initial it.

Please return completed application to:

**Polk County Administrator's Office
Government Center
612 North Broadway, Room 211
Crookston, MN 56716**