

LINCOLN COUNTY
APPLICATION FOR PERSONNEL POSITION

I. EQUAL EMPLOYEMENT OPPORTUNITY

It is the policy of Lincoln 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 Lincoln 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 Lincoln 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, Lincoln 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 under the Minnesota Government Data Practices Act will not be released outside Lincoln 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: _____
Last First Middle
Social Security Number _____ - _____ - _____
Address: _____ Home Phone: _____
Alternate Phone: _____
City State Zip

Are you either a U.S. citizen or legally eligible to hold employment in the United States?
Yes _____ No _____

Have you previously worked for Lincoln County? Yes _____ No _____
If yes, position held/department: _____
If yes, under what name 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 **all** work and volunteer experience, most recent to be listed first.

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: _____

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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: _____

Attach additional sheets if necessary.

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>Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All applicable licenses or certificates 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.

VI. EDUCATION

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

VII. 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. Lincoln 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: _____

VIII. CRIMINAL BACKGROUND INFORMATION

Have you ever been convicted (or charged) with a felony? _____

If yes, please explain the nature of the charge and the circumstances. _____

Were you convicted and/or did you plead guilty? _____

Give the date, city, state and county where convicted: _____

Lincoln County may conduct a criminal background check on individuals upon making a contingent job offer.

IX. 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. _____

X. PRIOR EMPLOYMENT

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

XI. PERSONAL STATEMENT

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

XII. UNEXCUSED ABSENCES FROM WORK

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

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 Lincoln County.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Lincoln Board of Commissioners or the appointing authority referenced in the job description and that until such approval, Lincoln County shall not be liable for any reliance on any oral or written offers of employment made 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 Lincoln 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 Lincoln 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 Lincoln County and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of Lincoln 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.