ADMINISTRATION

315 Tenth Street P.O. Box 757 Worthington, MN 56187-0757



Phone: 507-295-5201 Fax: 507-372-8363 hr@co.nobles.mn.us

APPLICATION FOR EMPLOYMENT				Application D	ate					
Last Name	ast Name First			Middle						
Street Address/Apt. Number (/	State		Zip				
ome Phone			Alternate (Phone						
List all other names under which you	have been employed or which your educa	ational	records r	nay be found:						
If any member of your family is currel relation and which department.	ntly employed by Nobles County, give nar	me,	Have you	previously applied a	t or been emp County? □ Y where & who	'es □ No If yes,				
What type of employment are you se □ Full Time □ Part Time	eking? (Check only those that you will acc		If the job willing to			nds and/or nights, would you be				
Position(s) Desired: 1.	- Temporary - Seasonar		2	140						
When will you be available for emplo	hen will you be available for employment? Starting salary ex				pected?					
	EDUCA	TION								
Do you have a high school diploma c □ Yes □ No	r equivalent? Name and Location of Hig	h Scho	ool/GED:							
Name & Location of Scho	ols Attended <i>Beyond</i> High School		Number of rs Attende		Did you Graduate?	If yes, what is your Degree?				
Please list experience, skills and qua knowledge and office machines oper	lifications which may relate to the job for vated.	which y	ou are ap	pplying. Include comp	outer software	e and hardware				
	PROFESSIONAL LICENSES	AND/C	OR CERT	FICATES						
Type	License/Certificate Number	ımber State Issued		Issued	Ex	piration Date				
All applicable licenses or certification for ensuring that all applicable license	I I I s must be received in the Administration (es remain in effect.	Office _l	orior to en	nployment commenc	ing. If hired, y	rou remain responsible				
Can you perform the essentia	al functions of the above position((s) wi	th or wit	hout accommod	ations?	□ Yes □ No				
If special accommodations a an interview.	re required for the interview proce	ess, p	lease n	otify the County	when conta	acted regarding				

periods unemployed. Include paid, volunteer work, military service, etc. Start with **EMPLOYMENT** present or most recent employer. This section must be completed fully even if you submit a resume. May we contact your present employer for references? ☐ Yes ☐ No If No, please explain. Employer's Name Telephone Employed (Month/Year) Address City/State Position Held Hourly Pay/Salary Full Time Part Time Describe Your Duties Name of Supervisor/Title Reason for Leaving Employer's Name Telephone City/State Employed (Month/Year) Address From Position Held Hourly Pay/Salary Full Time Part Time Describe Your Duties Name of Supervisor/Title Reason for Leaving Employer's Name Telephone Employed (Month/Year) Address City/State From Position Held Hourly Pay/Salary Full Time Part Time Describe Your Duties Name of Supervisor/Title Reason for Leaving Employer's Name Telephone Address City/State Employed (Month/Year) From Position Held Hourly Pay/Salary Full Time Part Time Describe Your Duties Name of Supervisor/Title Reason for Leaving Employer's Name Telephone Address City/State Employed (Month/Year) From Hourly Pay/Salary Position Held Full Time Part Time Describe Your Duties Name of Supervisor/Title Reason for Leaving

Give a complete record of all employment for the past ten years and reasons for

CITIZENSHIP					employment, tizenship or eli				by	IRCA
Are you a United States citizen or do you have papers from the United Stat	es Gove	rnment	t permi	tting y	ou to work?	Yes	6	□ No		

SIGNATURE

By signing below, I certify that the answers and information set out above is true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired; or if hired, I may be discharged.

I authorize the employer to investigate all statements contained in this application for employment to include criminal, child and/or dependent adult abuse information as well as my character and qualifications. I release the employer from all liability for acts performed in good faith and without malice in connection with the evaluation of my application.

I authorize my prior employers, references and others with information regarding my work, education history or my character, to provide the employer with all information requested and to cooperate fully with the investigation of my character and qualifications. I also release those employers, references and others from all liability for providing information in good faith and without malice.

I understand that this application is not a contract of employment. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by Nobles County.

Job offers are made by the Administration Office only. No other employment offers shall be considered valid by the County of Nobles. I also understand that if I am offered employment, the offer is conditional upon receipt of satisfactory employment references, acceptable criminal/abuse background information and a favorable health evaluation, which may include a physical, psychological and/or physical agility exam if applicable.

Applicant Signature	Date

It is the policy of Nobles County, an Equal Opportunity Employer, that all persons employed will be treated without regard to race, color, religion, qualified disability, sex, age or national origin.

The Administration Office of Nobles County is the designated administrator of our programs and procedures for implementation of this policy.

VETERAN'S PREFERENCE DECLARATION

Directions: Complete either item number 1 or item number 2 below; sign, and return this form with the completed application form. I am eligible to receive _____ preference points. 1. I certify that I am eligible to receive the preference so declared based on my understanding of the provisions of Minnesota Statute 43A.11. I further certify that I served in the following branch of the armed forces of the United States: on active duty for 181 or more consecutive days from: to____ Day Year Month Month Day Year and was separated under: honorable conditions disability incurred while serving on active duty. I am not eligible for or currently receiving a monthly veteran's pension benefit based exclusively on length of military service. If I have declared ten (10) preference points, I hereby certify that I am a disabled veteran with a compensable service connected disability as judged by the U.S. Veterans' Administration or by the retirement boards of the branches of the armed forces, that the disability exists at this time, and that the disability would not, to the best of my knowledge, prevent me from completely performing essential functions of the position I have applied for. Date: Name: Signature: (A copy of your DD-214 must be attached to claim veterans preference.)

PLEASE RETURN COMPLETED FORM WITH APPLICATION & DD-214

I do not claim veteran's preference points.

Name:

Date:

Signature:

2.