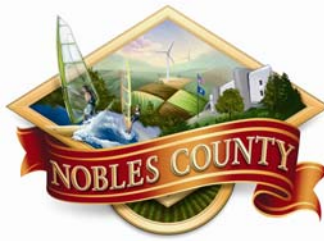


**ADMINISTRATION**

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



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

**APPLICATION FOR EMPLOYMENT**

Application Date
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Last Name	First	Middle
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Street Address/Apt. Number	City	State	Zip
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Home Phone ( )	Alternate Phone ( )
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List all other names under which you have been employed or which your educational records may be found:

If any member of your family is currently employed by Nobles County, give name, relation and where employed.	Have you previously applied at or been employed by Nobles County? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where & when?
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What type of employment are you seeking? (Check only those that you will accept.) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	If the job requires working weekends and/or nights, would you be willing to accept it? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**Position(s) Desired:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

When will you be available for employment?	Starting salary expected?
--	---------------------------

**EDUCATION**

Do you have a high school diploma or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Location of High School/GED:
--	---------------------------------------

Name & Location of Schools Attended <i>Beyond</i> High School	Major/Minor	Years Attended	Degree/Diploma Received	Graduated Yes/No

Please list experience, skills and qualifications which may relate to the job for which you are applying. Include computer software and hardware knowledge and office machines operated.

**PROFESSIONAL LICENSES AND/OR CERTIFICATES**

Type	License/Certificate Number	State Issued	Expiration Date

*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.*

Can you perform the essential functions of the above position(s) with or without accommodations?  Yes  No

If special accommodations are required for the interview process, please notify the County when contacted regarding an interview.

**An Affirmative Action Employer for Equal Employment Opportunity**

# EMPLOYMENT

Give a complete record of all employment for the past ten years and reasons for periods unemployed. Include paid, volunteer work, military service, etc. Start with 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.

1.	Employer's Name	Telephone ( )
	Address City/State	Employed (Month/Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving
2.	Employer's Name	Telephone ( )
	Address City/State	Employed (Month/Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving
3.	Employer's Name	Telephone ( )
	Address City/State	Employed (Month/Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving
4.	Employer's Name	Telephone ( )
	Address City/State	Employed (Month/Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving
5.	Employer's Name	Telephone ( )
	Address City/State	Employed (Month/Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving

Have you ever been discharged or forced to resign from any previous employment?  
If yes, list employer, dates, reason and explanation.

Yes  No

Have you ever been convicted with a misdemeanor or a felony? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, attach a separate sheet of paper to the application giving dates and explaining the nature of the conviction.  Conviction will not necessarily disqualify you from employment. However, conviction of a crime related to this position may result in your being rejected for this position.	
<b>CITIZENSHIP</b>	Within three days after employment, you will be required by IRCA guidelines to prove your citizenship or eligibility as an alien.
Are you a United States citizen or do you have papers from the United States Government permitting you to work? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

## 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.

## AUTHORIZATION

I hereby consent to the release of any and all personnel data or other information about me or related to me or my employment application for employment with the County of Nobles, Minnesota, including but not limited to: resumes, applications, interview notes, correspondence, and any and all other information related to my employment, application for employment or other attempt(s) to secure employment, including performance evaluations, disciplinary records, investigative data or notes whether or not said investigation resulted in disciplinary action, and all other information contain in my personnel file or otherwise maintained by any form whether or not previously reviewed by me. This information is needed for the purpose of determining my qualification and fitness for employment.

In connection with this authorization for release of information, I hereby release the below entity and all of its current and former employees, officers, Board members, agents or representative from any and all manner of liability of whatever nature by reason of requesting or providing such information.

I understand that this authorization shall automatically expire one (1) year from the date on which this form was signed unless specific written revocation is received by the County of Nobles prior to that date.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Confidential Employee Reference Check

Entity Name

Attn:

Street Address/Apt. Number

City

State

Zip

RE: Last Name

First

Social Security Number

We are considering the above applicant for employment as a(n) \_\_\_\_\_. We would appreciate your completing the following questions and returning this form to us in the self-addressed envelope or faxing it to us at 507/372-8363 at your earliest convenience. Any comments you make will be treated in the strictest confidence. THANK YOU!

PLEASE RATE THE APPLICANT BELOW WITH A ✓ IN THE APPROPRIATE COLUMN.

	Excellent	Good	Adequate	Poor	Comments
Attendance					
Cooperation, Flexibility, Initiative					
Interpersonal/Guest Relations					
Quality of Work					
Quantity of Work					
Technical Ability					
Overall Performance					

Date(s) of Employment: From

To

Last Position Title:

Final Wage

Reason for Leaving:

Would you rehire her/him?  Yes  No If no, explain:

Additional Remarks:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

RETURN TO: Nobles County Administration, PO Box 757, Worthington, MN 56187-0757

# 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.

1. I am eligible to receive \_\_\_\_\_ preference points.

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 \_\_\_\_\_  
Month Day Year 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.)**

2. I do not claim veteran's preference points.

Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM WITH APPLICATION.**