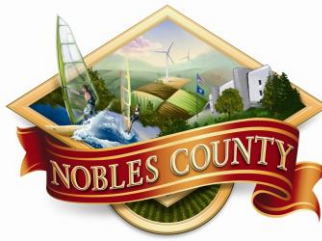


ADMINISTRATION

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 Date

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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Email address

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 which department.	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
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Position(s) Desired: 1. 2.

When will you be available for employment?	Starting salary expected?
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Personal Statement
 Please indicate why you are interested in the position and what you hope to accomplish if you are selected:

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:
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Name & Location of Schools Attended <i>Beyond</i> High School	Number of Yrs Attended	What was your Major?	Did you Graduate?	If yes, what is your Degree?

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

PROFESSIONAL LICENSES AND/OR CERTIFICATES

Type	License/Certificate Number	Issued By	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. Include your driver's license information if the position you are applying for requires one in the minimum qualifications of the job description.

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

If you have any special needs which may necessitate accommodations in the application or interview process, please contact the Human Resources office to make a request.

CITIZENSHIP

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 otherwise legally eligible to hold employment in the United States? Yes No

Work/Volunteer Experience

Give a complete record of **all** employment 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. You may attach additional pages.***

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		

Veteran's Preference Points Application

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 ____

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
 - have met the minimum active duty requirement as defined by Code of Federal Regulations, title 38, section 3.12a; OR
 - have separated by reason of disability incurred while service 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 the spouse of deceased honorably discharged veteran or disabled veteran who is unable to work due to such disability? 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: ____

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within five (5) business days. If you receive a passing score, you will be shown your score upon request.

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 which you are currently seeking or may seek in the future. If hired, the information may later be used for consideration for other positions, verification of employment history or disciplinary action in the event that the information provided is not truthful. 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 requested in this application. The information on this application which is classified as private data under the Minnesota Government Data Practices Act (MGDPA) 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. Information which is classified as public data will be released pursuant to the terms of the MGDPA.

Criminal Background Information

The County will request information regarding criminal history in the event that you become a finalist for the positions which you are applying. For certain positions, criminal background information will be requested during the application stage. Further, the County may conduct a criminal background check on individuals upon making a conditional job offer. No offer of employment shall become final until receipt of the results of the criminal background check, the content of which is acceptable to the County. I release the employer from all liability for acts performed in good faith and without malice in connection with the evaluation of my application.

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.

In connection with this application, I hereby authorize any and all current and 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 that 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 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. I release the employer from all liability for acts performed in good faith and without malice in connection with the evaluation of my application.

Applicant Signature

Date

It is the policy of Nobles County, an Equal Opportunity Employer, that all persons will be treated without discrimination on the basis of race, color, creed, religion, qualified disability, sex, age, marital status, and status with regard to public assistance, sexual orientation or national origin.

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