## **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 EMPLO	YMENI				Application L	Jate		
Last Name	First				Middle			
Street Address/Apt. Number		Cit	у		State		Zip	
Primary Phone			Alternat	e Pho	ne			
Email address	_		,					
List all other names under which you	have been employed or	which your educationa	l records	may	be found:			
If any member of your family is currer relation and which department.	ntly employed by Nobles	County, give name,	Have yo	u pre	viously applied a	at or been em County? \ where & wh	res No	es If yes,
What type of employment are you se		. ,	If the job willing to		•			you be
Full Time Part Time	Temporary	Seasonal			Yes		No	
Position(s) Desired: 1.				2.				
When will you be available for employ	/ment?			Starti	ng salary expec	ted?		
	b.	EDUCATION						
Do you have a high school diploma o Yes No	r equivalent? Name and	d Location of High Sch	ool/GED	:				
Name & Location of Scho	ols Attended <i>Beyond</i> Hig		Number rs Attend		What was your Major?	Did you Graduate?	If yes, w is your De	
Please list experience, skills and qua knowledge and trainings.	ifications which may rela	ate to the job for which	you are a	applyi	ng. Include com	puter software	e and hardware	!
	PROFESSIO	NAL LICENSES AND	OR CER	TIFIC	ATES			
Type	License/Certificate			ued E		E>	piration Date	
					-			
All applicable licenses or certification for ensuring that all applicable license minimum qualifications of the job des	es remain in effect. Includ							
Can you perform the essentia	al functions of the al	bove position(s) w	ith or w	ithou	ut accommod	ations?	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.

					employment, tizenship or eli			by	IRCA
Are you a United States citizen or otherwise legally eligible to hold employment in the United States?		Ye	S	No					

	Work/Volunteer Experie	nco	Include paid,	volunteer v	vork, military service, must be completed	and reasons for periods unemployed. etc. Start with present or most recent fully even if you submit a resume.
1.	Employer's Name				Telephone	
	Address	City/State			Employed (Month/Yea From To	
	Position Held				Hourly Pay/Salary	Full Time Part Time
	Describe Your Duties					
	Name of Supervisor/Title		Reason fo	or Leaving		
2.	Employer's Name		•		Telephone ( )	
	Address	City/State			Employed (Month/Yea From To	
	Position Held				Hourly Pay/Salary	Full Time Part Time
	Describe Your Duties					
	Name of Supervisor/Title		Reason fo	or Leaving		
3.	Employer's Name				Telephone ( )	
	Address	City/State			Employed (Month/Yea From To	
	Position Held				Hourly Pay/Salary	Full Time Part Time
	Describe Your Duties					
	Name of Supervisor/Title		Reason fo	or Leaving		
4.	Employer's Name				Telephone ( )	
	Address			Employed (Month/Year) From To		
	Position Held				Hourly Pay/Salary	Full Time Part Time
	Describe Your Duties					
	Name of Supervisor/Title		Reason fo	or 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:
<ol> <li>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         <ul> <li>have served on active duty for at least 181 consecutive days; OR</li> <li>have met the minimum active duty requirement as defined by Code of Federal Regulations, title 38, section 3.12a; OR</li> <li>have separated by reason of disability incurred while service on active duty; or</li> </ul> </li> <li>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.</li> </ol>
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 Nation

## 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
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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
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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.

How did you learn about this job opening? Please check all that apply:

 Newspaper (please list)
CareerForce
Nobles County Website
Indeed
Friend
Nobles County Employee
Other (please list)