



RETURN TO: ISANTI COUNTY ADMINISTRATOR
ISANTI COUNTY GOVERNMENT CENTER
555 18TH AVENUE SOUTH WEST
CAMBRIDGE, MN 55008

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

Name: _____ Home Phone: _____
(Last) (First) (Middle) Alternate Phone: _____

(Street) (City) (State) (Zip Code)

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

Have you previously worked for the County? Yes _____ No _____ If yes, position/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. _____

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 ___ Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach the DD214 form or forward it within five (5) business days.

POSITION DESIRED: Title of position for which you are applying: _____

Date available to begin employment: _____

WORK/VOLUNTEER EXPERIENCE: List all work experience, whether or not relevant to this position, and all relevant 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: _____

LICENSES: List current licenses, registrations, or certificates relevant to the position for which you are

applying. License Number Issued By Date Expiration

All applicable licenses or certifications 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.

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: _____

List/describe any other training and or experience relevant to the position for which you are applying: _____

For Clerical positions, please provide the following: Typing speed: _____ Other: _____

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. The county reserves the right to contact all prior employers, education 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: _____

CRIMINAL BACKGROUND INFORMATION:

Have you ever been convicted (or charged) with a misdemeanor, gross misdemeanor, or 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: _____

The County may conduct a criminal background check on individuals upon making a contingent job offer. No offer of employment shall be final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to the County, and formal approval by the appointing authority.

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Isanti 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.

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. 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 in Section I. The information on this application which is classified as private data under the Minnesota Government Data Practice Act 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.

PLEASE READ THE PARAGRAPHS BELOW CAREFULLY BEFORE SIGNING

AUTHORIZATION TO CONDUCT REFERENCE CHECK (S)

I HEREBY AUTHORIZE Isanti County to contact those individuals, current and previous employers and or agencies on the application for the purpose of providing Isanti County with information related to this application.

AUTHORIZATION FOR EMPLOYMENT PHYSICAL AND TESTING FOR ALCOHOL AND DRUGS

I further understand that should I be offered employment with Isanti County, such employment may be contingent upon successfully completing an employment physical to the County’s satisfaction which could include screening for alcohol drugs and controlled substances and that a psychological screening may be completed. I further understand that my signature below authorizes Isanti County to conduct such reference checks and medical testing.

Signature of Applicant: _____ Date: _____

AFFIRMATION OF ACCURACY

I certify that answers given are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts required may result in immediate termination. I understand that neither this document nor any offer of employment from Isanti County constitutes an employment contract.

Signature of Applicant: _____ Date: _____

VOLUNTARY INFORMATION

The following information is being collected in accordance with federally mandated affirmative action requirements. The information that you provide is voluntary. This sheet is not a part of the application file and will be separated from your application when it is received in the Merit System Office (Family Service).

GENDER: Female _____ Male _____

RACIAL/ETHNIC GROUP: If you are Multi-Racial, please choose one race you most closely identify with:

- AMERICAN INDIAN OR ALASKA NATIVE. A person having origins in any of the original peoples of North and South American (including Central American) and who maintains tribal affiliations or community attachment.
- ASIAN. A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK OR AFRICAN AMERICAN. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
- HISPANIC OR LATINO. A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic of Latino,”
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

DISABILITY STATUS: A person with a disability is defined as:

1. Having a physical or mental impairment which substantially limits one or more major life activities*
2. Having record of such an impairment.
3. Being regarded as having such impairment.

*major life activities include caring for oneself, performing manual tasks, walking, talking, hearing, seeing, speaking breathing, learning and working.

Based upon the above information, do you claim disability status? Yes ___ No _____

Do you have special needs which may necessitate accommodations in the test facilities or test process? Yes ___ No ___
If yes, please explain: _____