



**BOARD OF COUNTY COMMISSIONERS
LAKE OF THE WOODS COUNTY,
MINNESOTA**

Human Resources Office
206 8th Ave SE, Suite #220
Baudette, MN 56623
(218) 634-2430

APPLICATION FOR EMPLOYMENT

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT THE HUMAN RESOURCES DIRECTOR
YOU MUST SHOW ORIGINAL SOCIAL SECURITY CARD PRIOR TO EMPLOYMENT
Equal Opportunity / Affirmative Action Employer

Lake of the Woods County complies with local, state, and federal equal employment opportunity guidelines which prohibit discrimination based on race, religion, sex, color, national origin, handicap / disability, age and marital status.

PERSONAL			Social Security No.:
Last Name:	First:	Middle:	Home Phone:
Street Address:			Work Phone:
City, State, Zip Code:			Message Phone:
In case of emergency notify: Name:		Phone:	
Address:			
Have you ever worked for us before?		If yes, list title(s) and date(s) of employment.	
List any relatives working for us:			

Position Applying For:
Salary Expected: _____ Date you can begin: _____
Days and hours available for work:
How did you learn about this position? (please specify)

Have you ever been convicted of any offense(s) other than minor traffic violations? <u> </u> yes <u> </u> no
If yes explain:

<i>Complete this section only if a license is REQUIRED for this position (as advertised).</i>		
State: _____	Type: _____	Exp. Date: _____
List all traffic violations in the past three years:		
Ever had a driver's license revoked ? <u> </u> yes <u> </u> no	If yes, explain:	

May we contact you at work? <u> </u> yes <u> </u> no	If yes, when is the best time to contact you at work?
May we contact your present employer? <u> </u> yes <u> </u> no	Comments:

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: Grade school 1,2,3,4,5,6,7,8 High School 9,10,11,12 College 1,2,3,4 Graduate 1,2,3,4

If you received a GED, indicate date and issuing authority: _____

School	Name and Location	Dates Attended		Major Subject	Degree
		From	To		
High School					
College					
Vocational /Business					
Other					

Certifications:

MILITARY

Have you ever served in the armed forces? yes no If yes what branch? _____

Tours of duty _____ To _____ Rank at discharge: _____
mo. / day / year mo. / day / year

VETERAN'S PREFERENCE (Complete this section *only* if you are claiming Veteran's Preference). Have you entered into covered employment by a covered employer after having claimed preference since October 1, 1987? yes no

If yes give name of employer: _____

If you claim Veteran's Preference, check the type below. Attach copies of the required documents to your application to support your claim. (Documents will not be returned).

1.	Veteran of a WARTIME ERA – Requires (A) DD214 or other document showing dates of service and type of discharge.
2.	Disabled Veteran - Requires (A) and (B) letter of service connected disability from the V.A.
3.	Veteran's Widow - Requires (A) and marriage and death certificates, and statement saying not remarried.
4.	Disabled Veterans' Spouse – Requires (A) and (B), evidence of marriage to the veteran, a statement that the spouse is still married at the time of application, and proof that the disabled veteran cannot qualify for employment because of disability.
5.	Permanently Disabled Veteran – Requires (A) indicating veteran is permanently disabled, or (A) and letter from V.A. indicating that the veteran is permanently disabled.

Veterans Preference documentation must be submitted at the time of initial application. If any preference-eligible applicant claiming Veterans Preference for a vacant position is not selected for the position, they have the right to an investigation by the Dept. of Veterans Affairs if a non-preference eligible applicant is appointed to a position. In order to commence the investigation, the applicant must file a written complaint addressed to the MN Dept. of Veterans Affairs, 2nd Floor – Room 206-C, 20 West 12th St, St. Paul, MN 55155-2006. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, it is the responsibility of the veteran to contact the employer within two months of the application to determine if the position has been filled. For further information, contact the Department of Veterans' Affairs.

EMPLOYMENT

THIS SECTION MUST BE COMPLETED **REGARDLESS** OF WHETHER OR NOT A RESUME IS ATTACHED

Beginning with your **PRESENT** or most recent employment, list in **REVERSE ORDER** ALL periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Be sure to describe your military experience, if any. Describe in detail your specific duties beginning with your primary duties. (Attach additional sheets if necessary).

1.	Employer:	Address:									
Your Official Title:					Supervisors Name & Title:					Phone Number:	
From Month Year		To Month Year		Total Months	If part-time, Number of hours per week	Beginning Salary		Ending Salary			
						\$	per year	\$	Per year		
Reason for leaving:											
Describe your duties in detail:											
2.	Employer:	Address									
Your Official Title:					Supervisor's Name & Title:					Phone Number:	
From Month Year		To Month Year		Total Months	If part-time, Number of hours per week	Beginning Salary		Ending Salary			
						\$	per year	\$	per year		
Reason for leaving:											
Describe your duties in detail:											
3.	Employer:	Address:									
Your Official Title:					Supervisors Name & Title:					Phone Number:	
From Month Year		To Month Year		Total Months	If part-time, Number of hours per week	Beginning Salary		Ending Salary			
						\$	per year		per year		
Reason for leaving:											
Describe your duties in detail:											

4.	Employer:	Address:							
Your Official Title:					Supervisors Name & Title:			Phone Number:	
From Month Year		To Month Year		Total Months	If part-time, Number of hours per week	Beginning Salary		Ending Salary	
						\$		\$	per year
Reason for leaving:									
Describe your duties in detail:									
5.	Employer:	Address:							
Your Official Title:					Supervisors Name & Title:			Phone Number:	
From Month Year		To Month Year		Total Months	If part-time, Number of hours per week	Beginning		Ending % age of work	
						Paid percentage work generated	per	\$	per year
Reason for leaving:									
Describe your duties in detail:									
Why do you feel you are qualified for this position?									

APPLICANT'S CERTIFICATION AND AGREEMENT

AGREEMENTS:

PROBATION PERIOD - It is understood that I shall be considered a probationary employee for no less than six months but no longer than nine months from date of hire. I may be discharged or laid off before the expiration of that period without recourse, in accordance with Lake of the Woods County Policies and Procedures.

STATEMENT BY APPLICATION - I hereby authorize my former employers to furnish their records of any service, my reason for leaving their employ, together with all employment-related information they may have concerning me. I also authorize educational institutions to furnish their records of education-related information they may have concerning me. It is agreed that any misrepresentations by me in this application will be sufficient cause for its cancellation or for dismissal from the County's service if I am employed.

I hereby certify the facts set forth in the above employment application are true and complete to the best of my knowledge.

List previous names:

Signature of Applicant: _____ Date: _____

Thank you for completing this application form and for your interest in employment with Lake of the Woods County.

Tennessee Warning

In accordance with the Minnesota Government Data Practices Act, Lake of the Woods County is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

The information collected from you, or from other agencies or individuals authorized by you, is used to determine your qualifications for Lake of the Woods County job openings.

You are not required to provide this information, however, it is necessary to determine if you qualify for employment. Disclosure of your social security number is voluntary unless you are hired. If hired you must disclose it in order to be in compliance with state and federal tax withholding laws. If you do not supply the required information, Lake of the Woods County will not be able to consider you for employment. The use of the private data we collect is limited to that necessary for the administration and management of the County hiring process. Persons or agencies with whom this information may be shared include:

1. Human Resources Department employees
2. Central Administration employees
3. Department Head where job openings occur
4. Supervisors in Department where job openings occur

Unless otherwise authorized by State Statute or Federal Law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you
2. The right to be told the contents and meaning of the data
3. The right to contest the accuracy and completeness of the data

To exercise these rights, contact: Lake of the Woods County Human Resources Department.

I have read and understand the above information regarding my rights as a subject of government data:

Date

Signature of Applicant

LAKE OF THE WOODS COUNTY, MN

APPLICANT NOTIFICATION

In conjunction with your application for employment with us, we utilize the services of **EMPLOYEE RELATIONS, INC.** to conduct a background investigation regarding your character, general reputation, personal characteristics, and mode of living. The investigative report may be comprehensive and include inquiry into past employment, education, and activities, including, but not limited to public records, credit history, criminal background information and driving record.

EMPLOYEE RELATIONS, INC. will, to the extent permitted by law, upon request, reasonable notice, and proper identification, provide you with information that was used in generating the report.

EMPLOYEE RELATIONS, INC. can be contacted at:

**EMPLOYEE RELATIONS, INC.
20720 VENTURA BOULEVARD, SUITE 200
WOODLAND HILLS, CA 91364
(818) 887-9129
OR BY EMAIL TO: complianceofficer@erelations.com**



A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. **You are entitled to a free file disclosure if:**
 - A person has taken adverse action against you because of information in your credit report
 - You are the victim of identity theft and place a fraud alert in your file
 - Your file contains inaccurate information as a result of fraud
 - You are on public assistance
 - You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005, all consumers will be entitled to one free disclosure every 12 months, upon request, from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than ten years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National Banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20561 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration A775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20250 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator –GIPSA Washington, DC 20250 202-720-7051

LAKE OF THE WOODS COUNTY, MN

"EMPLOYEE RELATIONS NETWORK MEMBER"

APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby give **EMPLOYEE RELATIONS NETWORK MEMBER** and **EMPLOYEE RELATIONS, INC.** (hereinafter collectively referred to as "you") the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past employment, education, and activities, including, but not limited to, credit, criminal background information and driving record, and I release from all liability all persons, companies, schools, and corporations supplying such information. I indemnify you against any liability which might result from making such investigation. Additionally, I agree that you may obtain an investigative consumer report or other information regarding me and may consult certain files which are available. I understand that, to the extent required by law, **EMPLOYEE RELATIONS, INC.** will retain the results of this investigation and a copy of my application for employment. I understand that any false answers, statements, implications, or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied in any application for employment, or other required documents, may be considered sufficient cause for denial of employment or discharge.

I understand that you may contact my previous employers and I authorize those employers to disclose to you all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to you, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

Should an investigative consumer report be obtained from an Investigative Consumer Reporting Agency in connection with my application for employment, I understand that I have the right to receive a copy of my report, free of charge, by checking the box below.

PLEASE PROVIDE ME A COPY OF ANY REPORT GENERATED ON ME AS A RESULT OF THIS APPLICATION FOR EMPLOYMENT

I have read and understand the Summary of Your Rights Under the Fair Credit Reporting Act and the Applicant Notification, a copy of which I acknowledge receiving, advising me that a comprehensive background investigation may be conducted, which may include inquiry into past employment, education, and activities, including but not limited to, credit, criminal background information and my driving record.

APPLICANT NAME (PRINT): _____

PHONE: _____

EMAIL: _____

Date of Birth: _____

DATE OF BIRTH INFORMATION IS COLLECTED FOR THE SOLE PURPOSE OF EXPEDITING YOUR BACKGROUND INVESTIGATION. IT IS NOT A FACTOR CONSIDERED IN THE EVALUATION OF YOUR APPLICATION FOR EMPLOYMENT.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EXPIRATION: ____/____/____

SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE

