



**LAKE OF THE WOODS COUNTY,
MINNESOTA**

APPLICATION FOR EMPLOYMENT

Human Resources Office
Savanna Slick
206 8th Ave SE Baudette, MN 56623
(218) 634-2430
savanna_s@co.lotw.mn.us

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT THE HUMAN RESOURCES DIRECTOR
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

Last Name:	First:	Middle:	Home Phone:
Street Address:			Work Phone:
City, State, Zip Code:			Message Phone:
In case of emergency notify:		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)	

Complete this section only if a license is REQUIRED for this position (as advertised).

State: Type: Exp. Date:

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

EDUCATION

STATE HIGHEST GRADE COMPLETED:		Grade School	High School	College	Graduate
If you received a GED, indicate date and issuing authority: _____					
School	Name and Location	Major Subject		Degree	
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:					Supervisor's Name & Title:			Phone	
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	
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:					Supervisor's Name & Title:			Phone:	
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:					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:									

5.	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:									

Why do you feel you are qualified for this position?

APPLICANT'S CERTIFICATION AND AGREEMENT

SOCIAL SECURITY NUMBERS: Complete Social Security Numbers will be required to complete Background Checks and upon hiring.

AGREEMENTS:

PROBATION PERIOD - It is understood that I shall be considered a probationary employee for no less than six 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 employment, 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.

Tennesen 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