



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

Human Resources Office
206 8th Ave SE
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

Last Name:		First:	Middle:	Home Phone:
Mailing 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)	

<i>Complete this section only if a license is REQUIRED for this position (as advertised).</i>		
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? <input type="checkbox"/> yes <input type="checkbox"/> 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 Number:	
From Month Year		To Month Year		Total Months	If part-time, number of hours per week						

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			_____			
									-		
Reason for leaving:											
Describe your duties in detail:											
3.	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						
Reason for leaving:											
Describe your duties in detail:											

4.	Employer:	Address:									
Your Official Title:					Supervisor's Name & Title:					Phone Number:	
From		To		Total Months	If part-time, number of hours per week						
Month	Year	Month	Year								
Reason for leaving:											
Describe your duties in detail:											
5.	Employer:	Address:									
Your Official Title:					Supervisor's Name & Title:					Phone Number:	
From		To		Total Months	If part-time, number of hours per week						
Month	Year	Month	Year								
Reason for leaving:											
Describe your duties in detail:											

Why do you feel you are qualified for this position?											
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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 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 of 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 TRUSIGHT 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.

TRUSIGHT 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.

TRUSIGHT can be contacted at:

TRUSIGHT

9805 45TH Avenue North

Plymouth MN 55442

(763) 253-9100

OR BY WEBSITE TO: <http://www.trusightinc.com>