

# MINNESOTA MERIT SYSTEM

MINNESOTA DEPARTMENT OF HUMAN SERVICES

MERIT SYSTEM

P.O. BOX 64997

ST. PAUL MN 55164-0997

PHONE: 651-431-3030

FAX: 651-431-7460

COMPLETE ALL SIX PAGES  
FULLY AND ACCURATELY  
SIGN APPLICATION  
ON THE BOTTOM OF PAGE 3

A SEPARATE APPLICATION  
MUST BE SUBMITTED FOR  
EACH EXAMINATION

**AN EQUAL OPPORTUNITY EMPLOYER  
FUNCTIONING UNDER AN**

**IMPORTANT: READ PAGE 5 BEFORE COMPLETING THIS APPLICATION**

|   |   |  |                                 |
|---|---|--|---------------------------------|
| SOCIAL SECURITY NUMBER                              | LAST NAME   | FIRST NAME   | MI                              |
| PRESENT MAILING ADDRESS                             |   | CITY   | STATE ZIP                       |
| HOME PHONE (INC. AREA CODE)                         | WORK PHONE (INC. AREA CODE)   | FORMER LAST NAME IF USED ON A PREVIOUS APPLICATION |                                 |
| PERMANENT ADDRESS IF DIFFERENT FROM MAILING ADDRESS | CITY  | STATE ZIP  | PHONE NO.                       |
| COUNTY OF LEGAL RESIDENCE                           | IF YOU ARE PRESENTLY EMPLOYED IN THE MERIT SYSTEM, PROVIDE THE FOLLOWING INFORMATION: | CLASSIFICATION TITLE                               | COUNTY AGENCY IN WHICH EMPLOYED |

**TITLE OF EXAMINATION OR POSITION  
FOR WHICH YOU ARE APPLYING** →

If you saw an ad or posting, which county posted the vacancy? \_\_\_\_\_  
 Applicants not currently working in agencies covered by the Merit System must check this box.  Competitive  
 Applicants currently working in agencies covered by the Merit System may check one or both boxes.  Promotional

**JOB LOCATION:** Select up to 10 codes from the list on the bottom of Page 6 and enter codes in the boxes below. Indicate area codes first if you are available in areas of the state.

Date available for employment: \_\_\_/\_\_\_/\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

**EMPLOYMENT CONDITIONS:** Check as many as you are willing to work.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Intermittent (on call as needed) | <input type="checkbox"/> Temporary, fulltime | <input type="checkbox"/> Seasonal, fulltime |
| <input type="checkbox"/> Permanent, fulltime              | <input type="checkbox"/> Temporary, parttime | <input type="checkbox"/> Seasonal, parttime |
| <input type="checkbox"/> Permanent, parttime              |  |   |

Have you participated in a Merit System exam within the past three months?  Yes  No. If yes, specify exam title \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony for which a jail sentence could have been or was imposed? (Do not include juvenile convictions or petty misdemeanor.) (This information will not be used to bar you from employment but may be used to direct your interest to areas less related to the area of your conviction.)  Yes\*  No

**\*IF YES, ATTACH A SEPARATE SHEET GIVING FULL PARTICULARS.**

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or do you meet the minimum active duty requirements of eligibility for federal veterans benefits?  Yes  No

**• See Page 6 of application to claim Veteran's Preference Points •**

**EQUAL OPPORTUNITY EMPLOYER**

Employers covered by the Minnesota Merit System will hire and promote without regard to race, color, creed, religion, national origin, sex, age, marital status, status with regard to public assistance, sexual orientation or disability.

**For office use only**

| Accept | Reject | Date | By | Reason |
|--------|--------|------|----|--------|
|        |        |      |    |        |

NAME \_\_\_\_\_ TITLE OF EXAMINATION \_\_\_\_\_

Are you a U.S. citizen or, if not, do you have permission to work in this country?  Yes  No

Are you fluent in a language (including sign language) other than English? If so, which \_\_\_\_\_

**EDUCATION AND TRAINING**

Submit a copy of your college transcripts if applying for social worker, mental health worker or any position requiring a bachelor's or master's degree.

Do you have a high school diploma or GED equivalency?  Yes  No

| COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL<br>(LIST ALL UNDERGRADUATE AND GRADUATE WORK) |          | DATES OF ATTENDANCE<br>MO. AND YEAR |    | NO. OF CREDITS |                              | DEGREE                 |                                      | MAJOR FIELDS  |
|--|----------|-------------------------------------|----|----------------|------------------------------|------------------------|--------------------------------------|---------------|
| NAME   | LOCATION | FROM                                | TO | QTR.           | SEM.                         | TYPE<br>AA, BS<br>ETC. | DATE<br>REC'D OR<br>ANTICI-<br>PATED |               |
|  |          |                                     |    |                |                              |                        |                                      |               |
|  |          |                                     |    |                |                              |                        |                                      |               |
|  |          |                                     |    |                |                              |                        |                                      |               |
| BUSINESS, CORRESPONDENCE, TRADE,<br>TECHNICAL OR VOCATIONAL SCHOOL                       |          | DATES OF ATTENDANCE                 |    | FULL<br>TIME   | PART<br>TIME<br>HRS.<br>/WK. | CERT.<br>REC'D.        | %<br>COURSE<br>COM-<br>PLETED        | COURSES TAKEN |
| NAME   | LOCATION | FROM                                | TO |                |                              |                        |                                      |               |
|  |          |                                     |    |                |                              |                        |                                      |               |
|  |          |                                     |    |                |                              |                        |                                      |               |
|  |          |                                     |    |                |                              |                        |                                      |               |

| PROFESSIONAL LICENSES: IF THE POSITION REQUIRES A LICENSE, CERTIFICATION, REGISTRATION OR SIMILAR CREDENTIAL, ATTACH A PHOTOCOPY OF THE CREDENTIAL AND COMPLETE THE INFORMATION BELOW. |            |                |
|--|------------|----------------|
| CREDENTIALING ORGANIZATION   | PROFESSION | NUMBER         |
| <i>EXAMPLE: MN Bd OF NURSING</i>   | <i>RN</i>  | <i>0000000</i> |
|  |            |                |
|  |            |                |

**If position involves driving:**

Do you have a valid driver's license?  Yes  No State \_\_\_\_\_ License No. \_\_\_\_\_ Class \_\_\_\_\_

**Work experience** — Provide a complete description of all qualifying experience.

List a complete account of your work experience.

- IMPORTANT**
1. Give your present or most recent experience first. Be sure to include all experience (both paid and volunteer) that is relevant to the position for which you are applying.
  2. BE COMPLETE. Experience and training ratings are based on this information and your score may depend on it.
  3. If the hours on a job vary, use the average number of hours per week. Part-time experience is prorated according to the number of hours worked, using a 40-hour week as the standard full-time employment.
  4. If you attach additional information sheets or a resume, include all of the information requested on the application, i.e., hours per week, exact dates of employment, and type of client population served, i.e., developmentally disabled, chemically dependent, etc. Work samples, letters of recommendation and the like should **not** be submitted with the application. You may take such materials with you to an employment interview.
  5. Indicate each promotional level of employment in a separate block.
  6. Do not write "see prior applications."
  7. "% of time" figures for a position must total 100 percent.

|   |                   |                   | LENGTH OF EMPLOYMENT              |        |
|---|-------------------|-------------------|-----------------------------------|--------|
| Organization: _____                                 | Location: _____   | Supervisor: _____ | FROM _____                        | _____  |
| Position: _____                                     | Supervisor: _____ |                   | MO.                               | YEAR   |
| Major activities: 1. _____                          |                   |                   | TO _____                          | _____  |
| 2. _____  |                   |                   | MO.                               | YEAR   |
| 3. _____  |                   |                   | TOTAL _____                       | _____  |
| 4. _____  |                   |                   | YEARS                             | MONTHS |
| 5. _____  |                   |                   | HRS/WEEK _____                    | _____  |
| Number and title(s) of people you supervised: _____ |                   |                   | START SALARY _____                | _____  |
| Type of client population served: _____             |                   |                   | LAST SALARY _____                 | _____  |
|   |                   |                   | Machines/equipment you use: _____ | _____  |

NAME \_\_\_\_\_ TITLE OF EXAMINATION \_\_\_\_\_

|  |                                      |              |   |
|--|--------------------------------------|--------------|---|
| Organization: _____<br>Position: _____<br>Major activities: 1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____ | Location: _____<br>Supervisor: _____ | % of<br>Time | FROM _____<br>MO.      YEAR<br>TO _____<br>MO.      YEAR<br>TOTAL _____<br>YEARS      MONTHS<br>HRS/WEEK _____<br>START SALARY _____<br>LAST SALARY _____ |
| Number and title(s) of people you supervised: _____<br>Type of client population served: _____                       |                                      |              | Machines/equipment you use: _____   |

  

|  |                                      |              |   |
|--|--------------------------------------|--------------|---|
| Organization: _____<br>Position: _____<br>Major activities: 1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____ | Location: _____<br>Supervisor: _____ | % of<br>Time | FROM _____<br>MO.      YEAR<br>TO _____<br>MO.      YEAR<br>TOTAL _____<br>YEARS      MONTHS<br>HRS/WEEK _____<br>START SALARY _____<br>LAST SALARY _____ |
| Number and title(s) of people you supervised: _____<br>Type of client population served: _____                       |                                      |              | Machines/equipment you use: _____   |

  

|  |                                      |              |   |
|--|--------------------------------------|--------------|---|
| Organization: _____<br>Position: _____<br>Major activities: 1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____ | Location: _____<br>Supervisor: _____ | % of<br>Time | FROM _____<br>MO.      YEAR<br>TO _____<br>MO.      YEAR<br>TOTAL _____<br>YEARS      MONTHS<br>HRS/WEEK _____<br>START SALARY _____<br>LAST SALARY _____ |
| Number and title(s) of people you supervised: _____<br>Type of client population served: _____                       |                                      |              | Machines/equipment you use: _____   |

  

|  |                                      |              |   |
|--|--------------------------------------|--------------|---|
| Organization: _____<br>Position: _____<br>Major activities: 1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____ | Location: _____<br>Supervisor: _____ | % of<br>Time | FROM _____<br>MO.      YEAR<br>TO _____<br>MO.      YEAR<br>TOTAL _____<br>YEARS      MONTHS<br>HRS/WEEK _____<br>START SALARY _____<br>LAST SALARY _____ |
| Number and title(s) of people you supervised: _____<br>Type of client population served: _____                       |                                      |              | Machines/equipment you use: _____   |

Attach additional sheets if necessary. Be sure to include all information requested above.

**IMPORTANT: Be sure to sign this application and read the following statements carefully.**

I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my application or dismissal if I am hired.

Signature (✍) \_\_\_\_\_ Date \_\_\_\_\_

In connection with this application for employment, I authorize the Minnesota Merit System or any local or county employer covered by the rules of the Minnesota Merit System to conduct an inquiry into any job-related information contained in this application, including, but not limited to, present and former employers, and my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the Minnesota Merit System or any local or county employer covered by the rules of the Minnesota Merit System from any and all liability of whatsoever nature by reason of requesting such information from any person.

- Yes   
 Yes, but not present employer until job is offered.   
 No

NAME \_\_\_\_\_ TITLE OF EXAMINATION \_\_\_\_\_

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.

**GENDER:**  Female  Male

**RACIAL/ETHNIC GROUP:**

If you are multi-racial, 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 America (including Central America), and who maintains tribal affiliation or community attachment.

ASIAN. A person having origins in any of the original peoples of the Far East, Southeast Asia 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 or 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 that substantially limits one or more major life activities\*
2. Having a record of such an impairment
3. Being regarded as having such an 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 that may necessitate accommodations in the test facilities or test process?**

Yes  No

Describe the type of accommodation needed. \_\_\_\_\_

\_\_\_\_\_

**WHERE DID YOU HEAR ABOUT THIS JOB?**

|  |  |
|--|--|
| <input type="checkbox"/> 1. Minnesota Merit System bulletin of open examinations | <input type="checkbox"/> 8. College/university posting             |
| <input type="checkbox"/> 2. Job Service (Workforce Centers)                      | <input type="checkbox"/> 9. Trade/technical school posting         |
| <input type="checkbox"/> 3. Newspaper advertisement                              | <input type="checkbox"/> 10. County employee                       |
| <input type="checkbox"/> 4. MSSA newsletter                                      | <input type="checkbox"/> 11. County agency                         |
| <input type="checkbox"/> 5. Persons of color media sources                       | <input type="checkbox"/> 12. Merit System Affirmative Action staff |
| <input type="checkbox"/> 6. Disabled persons media sources                       | <input type="checkbox"/> 13. Internet                              |
| <input type="checkbox"/> 7. Professional journals                                | <input type="checkbox"/> 14. Other                                 |

## IMPORTANT FACTS ABOUT THE INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you to Merit System agencies for possible employment. Certain information requested on the application is private, that is, it may be released only to you or Merit System agencies where you may be considered for employment (to comply with M.S. 13.43, Subd. 4). If you are employed, the data will be available to the Merit System office, county of employment offices, the Internal Revenue Service, Public Employees Retirement Association, and the Social Security Administration for payroll tax purposes. If you disagree with the data we have about you, notify the Merit System Supervisor by letter.

| <u>Private data</u>                            | <u>Why we ask for it</u>  | <u>Are You Legally Obligated To Provide It?</u> | <u>What May Happen If You Don't Provide It?</u>  |
|--|---|---|--|
| Social Security number                         | To distinguish you from all other applicants and to make processing more efficient  | No  | In most cases, nothing. However, it will help to ensure that we do not confuse your records with others.   |
| Name   | To distinguish you from all other applicants  | Yes   | Failure to provide information may be cause for rejection.   |
| Address  | To be able to send you notices  | Yes   | Failure to provide information may be cause for rejection.   |
| Home telephone                                 | To be able to contact you to determine availability for interviews  | No  | You may not be able to be employed in jobs where you may be required to come to work on short notice.  |
| Gender, racial/ethnic group, disability status | To make Equal Opportunity reports as required by law and to provide affirmative action in Merit System service              | No  | We will not be able to determine whether our selection process result in unfair discrimination, or the agencies will be unable to take affirmative action when hiring. |
| Conviction record/history                      | To determine whether we may accept an application from you an if your conviction history may be a job-related consideration | Yes   | Failure to provide information may be cause for rejecting an application.  |
| Text accommodations                            | To determine whether yo need special test accommodations..  | No  | Nothing except if you need test accommodations, we won't know.   |

## OTHER IMPORTANT INFORMATION

Mail, FAX or bring your completed application to:

Minnesota Department of Human Services  
Merit System  
P.O. Box 64997  
St. Paul MN 55164-0997  
Phone: 651-431-3030  
FAX: 651-431-7460

Most of the examinations offered by the Minnesota Merit System are open year-round and you may apply at any time. Some examinations are open for a limited period of time (i.e., have a closing date for receipt of application). **Your application must arrive in the Minnesota Merit System by 4:30 p.m. on the closing date published in the job announcement.** We do not accept applications we receive after that date, even if they are postmarked by that date.

If the job for which you are applying requires a written test, you will be notified of when and where to report. You will be scheduled at a location nearest to your residence.

Final scores are mailed to applicants' home addresses. If your final score is 70 or higher, your name will be placed on a list of candidates eligible to be considered for interview when a vacancy occurs. When a local or county agency covered by the Minnesota Merit System has a job opening, the names of those with the highest scores whose availability matches the requirements of the job are referred. The agency will review application materials and contact candidates they wish to interview either by phone or letter. Names of candidates not hired, but remaining available, are returned to the list to be referred again.

***This information is available in other forms to people with disabilities by contacting us at (651) 431-3030 (voice). TDD users can call (651) 431-3041 (TTY/TDD) or the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.***

**MINNESOTA MERIT SYSTEM  
CLAIM FOR  
VETERAN'S PREFERENCE**

|  |   |
|--|---|
| <b>FOR V. A. USE ONLY</b>  | <b>FOR OFFICE USE ONLY</b>  |
| Is the veteran named below rated as having a compensable service-connected disability?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No % of disability _____ | ____ 5 PTS OC ____ 10 PTS OC ____ 5 PTS PROM<br>Date ____/____/____ APPROVED BY _____<br>DISAPPROVED BY _____<br>REASON _____ |

**ELIGIBILITY**

To qualify for preference for a competitive exam you must have been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty or meet the minimum active duty requirements for eligibility for federal veterans benefits, and be a U.S. citizen; or be the spouse of a deceased veteran; or be the spouse of a disabled veteran who because of such disability is unable to qualify or earn a living. To qualify for preference on a promotional exam you must be entitled to disability compensation for a permanent service connected disability rated at 50 percent or more, or be the spouse of a veteran who is rated as 50 percent or more disabled and who because of such disability is unable to qualify or earn a living. Persons eligible for such preference may use it only for the first promotion after securing public employment.

If you meet the eligibility requirements above, complete this form and **attach a copy of your DD214 form.**

NAME OF VETERAN \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name First Name Middle Name MO DAY YR

ADDRESS \_\_\_\_\_  
Street Number or R. F. D. City State ZIP Code

Did the veteran serve on active military duty without interruption for 181 days or more?  Yes  No

If the veteran served on active duty for a period of less than 181 consecutive days, does the veteran meet the minimum active duty requirements for eligibility for federal veterans benefits?  Yes  No

Is the veteran a U.S. citizen?  Yes  No

Date of entry into service \_\_\_\_\_ Branch \_\_\_\_\_

Date of release from active duty \_\_\_\_\_ If reserve unit, submit evidence of service of 181 or more consecutive days.

Type of separation:  Honorable  Medical  Other

Are you now receiving or are you eligible to receive a monthly veteran's pension based on length of military service?  Yes  No

Disability Claim Number \_\_\_\_\_ Percent of service connected disability \_\_\_\_\_ %  
Currently existing?  Yes  No State in which filed \_\_\_\_\_

For spouse of deceased veterans: Attach marriage certificate, death certificate and DD214 form.

Date of death \_\_\_\_\_ Have you remarried?  Yes  No

I hereby claim veteran's preference for this examination and (swear/affirm) that the information on this document is true and correct. I also authorize the release of necessary information by the Veterans Administration to the Minnesota Merit System.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_

**JOB LOCATION AVAILABILITY CODES**

Use the two-digit numbers corresponding to the job locations listed below to code your job location availability on Page 1. If you will accept employment in all of the counties listed under an area, use the code assigned to that area. In that manner, with only one choice, you have indicated availability for all counties in that area. Enter area codes before you enter county codes. If you are available anywhere in the state enter all area codes. Please keep in mind when selecting an entire area that failure to accept a position in a county where you have indicated a willingness to work may result in removal of your name from the eligible list.

| <u>(91) Northeast area</u> | <u>(92) Northwest area</u> | <u>(93) Central area</u> | <u>(94) Southeast area</u> | <u>(95) Southwest area</u>             |
|----------------------------|----------------------------|--------------------------|----------------------------|--|
| (01) Aitkin                | (03) Becker                | (05) Benton              | (20) Dodge                 | (08) Brown                             |
| (09) Carlton               | (11) Cass                  | (06) Big Stone           | (23) Fillmore              | (12) Chippewa                          |
| (16) Cook                  | (14) Clay                  | (13) Chisago             | (24) Freeborn              | (17) Cottonwood                        |
| (36) Koochiching           | (15) Clearwater            | (18) Crow Wing           | (25) Goodhue               | (32) Jackson                           |
| (38) Lake                  | (29) Hubbard               | (21) Douglas             | (28) Houston               | (37) Lac Qui Parle                     |
| (69) St. Louis - Duluth*   | (35) Kittson               | (26) Grant               | (40) LeSueur               | (42) Lincoln, Lyon and Murray counties |
| (89) St. Louis - Range*    | (39) Lake of the Woods     | (30) Isanti              | (50) Mower                 | (46) Faribault and Martin counties     |
|                            | (44) Mahnomen              | (33) Kanabec             | (52) Nicollet              | (53) Nobles                            |
|                            | (45) Marshall              | (34) Kandiyohi           | (66) Rice                  | (59) Pipestone                         |
|                            | (54) Norman                | (43) McLeod              | (74) Steele                | (64) Redwood                           |
|                            | (56) Otter Tail            | (47) Meeker              | (79) Wabasha               | (65) Renville                          |
|                            | (57) Pennington            | (48) Mille Lacs          | (81) Waseca                | (67) Rock                              |
|                            | (60) Polk                  | (49) Morrison            | (85) Winona                | (83) Watonwan                          |
|                            | (63) Red Lake              | (58) Pine                |                            | (87) Yellow Medicine                   |
|                            | (68) Roseau                | (61) Pope                |                            |  |
|                            | (80) Wadena                | (72) Sibley              |                            |  |
|                            | (84) Wilkin                | (75) Stevens             |                            |  |
|                            |                            | (76) Swift               |                            |  |
|                            |                            | (77) Todd                |                            |  |
|                            |                            | (78) Traverse            |                            |  |

\* Professional Positions Only