

PINE COUNTY
ADMINISTRATOR'S OFFICE
PINE COUNTY COURTHOUSE
635 NORTHRIDGE DRIVE NW, SUITE 200
PINE CITY, MN 55063
DIRECT (320) 591-1620 TOLL FREE 800/450-7463 FAX (320) 591-1628

GENERAL INFORMATION: Please complete all sections of this form. Please type or print in ink. If you are applying for more than one position, complete one application for each position. Copies will be accepted as long as they are legible. List only one (1) position per application. If you list more than one (1) position on the application, your application will be considered for the first position listed. Resumes and other attachments are acceptable as long as they are accompanied by an application. If you have any questions on the application or position you are applying for, please contact the Administrator's Office at the address and numbers listed above.

Pine County's policy is to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national origin, political affiliation, disability, public assistance, marital status, sex, age (18 and over), sexual orientation or criminal convictions which are not related to the position you are applying for. This policy applies to all full-time, part-time, temporary and seasonal employment.

Return your completed application and any other related material by the closing date listed on the position announcement to the address listed above.

ADA: If you require assistance in the application or selection process, please contact the Administrator's Office. Reasonable accommodations may be made to enable individuals with a disability to participate in the hiring process.

**ALL APPLICANTS MAY BE SUBJECT TO A PRE-EMPLOYMENT DRUG TEST, CRIMINAL HISTORY (pursuant to MS §364.021),
MOTOR VEHICLE AND BACKGROUND INVESTIGATION**

Position Applying For: _____ Available Start Date: _____

Last Name: _____ First Name: _____ MI _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Social Security Number _____

If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal in accordance with the Immigration Reform and Control Act of 1986.

EDUCATION & TRAINING		High School Graduate or Possess G.E.D.?	
		Yes	No
Please indicate-the-last-year-of schooling completed. Only count full years completed and received credit for.			
	7	8	9
	10	11	12
	13	14	15
	16	Masters	ID
	PhD		
Secondary	Undergraduate		Post Graduate
Types of School	Name & Address of School		Degree/Certificate
High School			Major/Minor
College/University			
College/University			
Graduate School			
Technical			
Technical			

List any correspondence courses, special courses, seminars, workshops, and training programs you attend that relate to this position.

If relevant, list other current registrations, licenses, or certifications you have. Include date first issued and expiration of current issuance: _____

Driver's License Number _____

State _____

Class _____

Are you at least 18 years of age Yes _____ No _____

Veteran of U.S. Military Service Yes _____ No _____

A. Are you requesting Veteran's Preference? Yes _____ No _____

B. Are you requesting Disabled Veteran's Preference? Yes _____ No _____

If you answered yes to either A or B, please complete the last page of this application. Preference will not be granted without documentation.

Employment Experience

Experience and training ratings are determined by the information provided on the application and the resume (if attached). Please be as specific and complete as you can in the description of duties and percent of time spent on the duties. Do not state, "see resume". List each promotion and/or transfer as a separate job. If needed, please attach additional sheets. Any attached sheets are to comply with the form of this application. If the hours worked per week varied, use an average. When listing duties, list the 5 most important or most frequently performed. Resumes, work samples, and letters of recommendation may be attached. Please list employers in chronological order beginning with the most recent or current employer.

Employer: _____		LENGTH OF EMPLOYMENT
Address: _____ City: _____ State: _____ Zip: _____		
Position/Title: _____ Supervisor Name: _____		
Supervisor Title: _____ Phone Number (day): _____		
DUTIES	<i>Percent of Time</i>	From: _____
1. _____	_____	To: _____
2. _____	_____	Total: _____
3. _____	_____	Years Months
4. _____	_____	Hours worked/week: _____
5. _____	_____	Ending Salary: _____
		Number Supervised: _____
		May we contact: _____
		Reason for Leaving: _____

Employer: _____		LENGTH OF EMPLOYMENT
Address: _____ City: _____ State: _____ Zip: _____		
Position/Title: _____ Supervisor Name: _____		
Supervisor Title: _____ Phone Number (day): _____		
DUTIES	<i>Percent of Time</i>	From: _____
1. _____	_____	To: _____
2. _____	_____	Total: _____
3. _____	_____	Years Months
4. _____	_____	Hours worked/week: _____
5. _____	_____	Ending Salary: _____
		Number Supervised: _____
		May we contact: _____
		Reason for Leaving: _____

Employer: _____		LENGTH OF EMPLOYMENT
Address: _____ City: _____ State: _____ Zip: _____		
Position/Title: _____ Supervisor Name: _____		
Supervisor Title: _____ Phone Number (day): _____		
DUTIES	<i>Percent of Time</i>	From: _____
1. _____	_____	To: _____
2. _____	_____	Total: _____
3. _____	_____	Years Months
4. _____	_____	Hours worked/week: _____
5. _____	_____	Ending Salary: _____
		Number Supervised: _____
		May we contact: _____
		Reason for Leaving: _____

Employer: _____ Address: _____ City: _____ State: _____ Zip: _____ Position/Title: _____ Supervisor Name: _____ Supervisor Title: _____ Phone Number (day): _____	LENGTH OF EMPLOYMENT From: _____ To: _____ Total: _____ Years Months
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DUTIES 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	<i>Percent of Time</i> _____ _____ _____ _____ _____	Hours worked/week: _____ Ending Salary: _____ Number Supervised: _____ May we contact: _____ Reason for Leaving: _____
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List Additional Information on Back of Application: _____

RELEVANT VOLUNTEER AND UNPAID EXPERIENCE (include internships as work experience)				
Type of Volunteer Activity	Organization	# hours each week	From	To

Please indicate the **number of years** experience you have in each of the following areas.

CLERICAL	BOOKKEEPING	OFFICE MACHINES	COMPUTER EQUIPMENT
General _____	Financial Statement _____	Calculator _____	Microsoft Word _____
Filing _____	Payroll _____	Fax _____	Microsoft Excel _____
Receptionist _____	Accts Receivable _____	Copier _____	AS 400 _____
Typing _____ WPM _____	Accts Payable _____	Other _____	Other _____
Other _____			

Please list three (3) job related references who are not related to you. Provide address and phone number where they can be reached during the day.

1. _____
2. _____
3. _____

YOUR RIGHTS AS A SUBJECT OF DATA

Section 13.04 Minnesota Statutes on data privacy requires that you be informed that the following information that you are asked to provide in the employment application process is considered private data: name, home address, home telephone number, Social Security number. Your veteran status, job history, educational and training background, and job availability are public data.

Private data are available only to you and to County Officials who have a bona fide need for them. These data will be used to identify you within the hiring process.

Your name will become public data if and when you are certified as eligible for appointment to a vacancy or when you are considered to be a finalist for a position.

TENNESSEN WARNING

This application is to assist in the process of referring you to county agencies for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to county agencies where you may be considered for employment. Names of applicants would become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

PLEASE READ THE PARAGRAPHS BELOW CAREFULLY BEFORE SIGNING

AUTHORIZATION TO CONDUCT REFERENCE CHECK (S)

I hereby authorize Pine County to contact those individuals, companies and/or agencies indicated on the application for the purpose of providing Pine County with information related to this application. Information in violation of state and federal fair employment practice laws will not be sought or used by this employer.

AUTHORIZATION FOR PRE-EMPLOYMENT DRUG & ALCOHOL TESTING AND EMPLOYMENT PHYSICAL

I further understand that should I be offered employment with Pine 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 Pine County to conduct such examinations and screenings.

Applicant's Signature

Date

AFFIRMATION OF ACCURACY

I certify that answers given are true and complete to the best of my knowledge. An offer of employment with Pine County is contingent on providing documentation necessary to establish my identity and eligibility to work in the United States and based upon the job's physical requirements. 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 the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. If an employment relationship is established, I understand that, unless otherwise specifically agreed to in writing, I have the right to terminate employment at any time, for any reason, or no reason, and Pine County retains the same right regarding the discontinuance of my employment. I further understand that my employment is not guaranteed for any term.

Applicant's Signature

Date

THIS APPLICATION AND ALL ADDITIONAL MATERIAL SUBMITTED WILL BECOME THE PROPERTY OF PINE COUNTY AND WILL NOT BE RETURNED. YOU SHOULD NOT SUBMIT YOUR ONLY COPY OF ANY DOCUMENT.

PINE COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

DISABILITY STATUS

A person with a disability by the Americans with Disabilities Act as:

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

*Major life activities include earning for oneself, performing manual tasks, walking, talking, hearing, seeing, speaking, breathing, learning, and working. Temporary, non-chronic impairments of short duration, with little or no long term impact, are usually not disabilities. A visual problem, which has been corrected by glasses, is usually not a disability. Veterans who are rated as "disabled" by the Veterans Administration are not automatically "disabled" under this definition. Persons who require accommodations in the recruitment process are asked to contact the Human Resources Office at 320-591-1624. Job accommodations will be considered on a case-by-case basis with essential function determinations being made for the position vacancy.

VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their application results. Points are awarded subject to the provisions of MN Stat. 43A.11. To be eligible for veteran's preference points you must:

- A. Be 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, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who because of the disability is not able to qualify.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it. You must supply a copy of your DD214. Disabled veterans must also supply form FL-802 or an equivalent letter from the Veterans Administration or Retirement Board. Spouses applying for preference points must supply their marriage certificate, the veteran's DD214, and FL-802 or death certificate.

NAME OF VETERAN:

Last: _____ First: _____ Middle _____ Birthdate _____

Address: _____

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

If the veteran served on active duty for a period 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 active service (mm/dd/yy) _____ Branch _____ If reserve unit, submit evidence of service of 181 or more consecutive days

Date of release from active duty (mm/dd/yy) _____

Type of separation: Honorable _____ Medical _____ Other _____

Disability Claim Number _____ Percent of service connected disability _____

Currently existing Yes _____ No _____ State in which filed _____

For spouse of deceased veterans: **ATTACH Marriage license, Death certificate, and DD214 form**

Date of Death (mm/dd/yy) _____ Have you remarried? Yes _____ No _____

I hereby claim veteran's preference for this position and affirm that the information on this document is true and correct. I also authorize the release of necessary information by the Veterans Administration to Pine County Personnel.

Signature

Date

Social Security Number

Position Applied for:

AFFIRMATIVE ACTION APPLICANT'S FLOW INFORMATION

To All Applicants:

The following information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. The information will not be maintained in the personnel file and it will not be made available to any person involved in decisions affecting an individual's appointment or promotion in a position. Although providing this information is **voluntary**, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the recruitment and selection of employees for public service.

Name: _____

Position Applying for: _____

Department: _____

Sex: Male _____ Female _____

Of the following, of what racial/ethnic group do you consider yourself?

- ____ American Indian/Alaskan Native
- ____ Black
- ____ Asian and Pacific Islander
- ____ Spanish or Mexican American
- ____ White
- ____ Other _____

How did you learn about this job opening?

- ____ Local County Paper
- ____ Minority or Female Publication/Organizations
- ____ School
- ____ County Employee
- ____ MN Dept. of Employment
- ____ Walk-In
- ____ Posting in Courthouse
- ____ AMC
- ____ Other _____

Equal Opportunity/Affirmative Action Employer