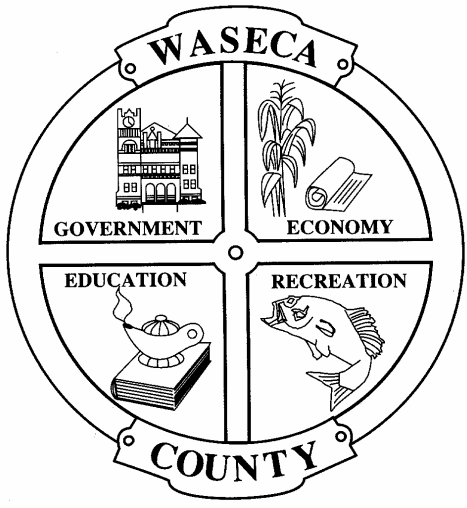


# EMPLOYMENT APPLICATION



Waseca County welcomes you as an applicant. It is the policy of Waseca County to provide equal opportunity to all employees and applicants for employment. Waseca County will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance. Our employment decisions are required to be made on the basis of individual ability and merit, without discrimination or unlawful preference.

Upon request, accommodations will be provided to applicants in accordance with the American with Disabilities Act (ADA). Please call 507-837-5341.

**Read the instructions on page 2 before continuing.**

## PERSONAL INFORMATION

Position Applying For: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ May we contact you at work: \_\_\_\_ Yes \_\_\_\_ No

- Are you authorized to work in the United States on an unrestricted basis? .....  Yes  No
- Are you under 18 years of age?.....  Yes  No
- Are you requesting veteran's preference points? .....  Yes  No

*The County will request information regarding your criminal history in the event that you become a finalist for the position which you are applying. For certain positions, criminal background investigations will be requested during the application stage. Further, the County may conduct a criminal background check on individuals upon making a conditional job offer. Please refer to the job description for this position to determine if such a check will be conducted. If the job description states that a criminal background check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check, which the contact must be acceptable to the County, and formal approval by the appointing authority.*

# INSTRUCTIONS

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To ensure that your application will be accurately processed:

1. Complete a separate application for each position you are applying for.
2. Be specific and complete when filling out the employment history section. Incomplete applications will be removed from consideration. Additional employment history sheets may be copied. **Attach résumés or additional information for consideration, only upon request.**
3. Applications received after 4:30 p.m. on the closing date cannot be accepted, unless otherwise stated in the job announcement.

Once the closing date has passed:

1. All applications will be reviewed and evaluated to determine how well each applicant is suited for the position for which they applied.
2. Waseca County uses a 100 point system to assign value to the qualifications which relate most closely to the position you are applying for. Your experience, education, and other qualifications will be ranked using the point scale developed for that position. Those applicants with the highest number of total points (typically the top 6 to 8) will be interviewed for the position.
3. The Administrator's Office will inform the successful applicant and arrange a starting date. Other applicants will be notified by mail when the position has been filled.

If you have any questions concerning completion of the employment application, or the employment procedures for Waseca County, please call the Administrator's Office at (507) 837-5341.

*Waseca County strongly encourages its employees to live within the county they serve.*

## TENNESSEN WARNING

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In accordance with the Minnesota Government Data Practices Act, Waseca County is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment with Waseca County. All data collected is considered private except for the following:

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| (1) Your veteran's status             | (4) Your job history            |
| (2) Relevant test scores              | (5) Your education and training |
| (3) Your rank on our eligibility list | (6) Your work availability      |

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of Waseca County. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, to appropriate county employees, and others as provided by state and federal law who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the Waseca County Administrator's Office in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the County to monitor protected class employment and to meet federal, state, and local reporting requirements.

**I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.**

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**Applicant's Signature**

## EDUCATION

| Educational Institution | Name & Address of Institution | Course of Study (Major/Minor) | Did You Graduate? (Y / N) | Diploma or Degree Awarded |
|-------------------------|-------------------------------|-------------------------------|---------------------------|---------------------------|
| High School             |                               |                               |                           |                           |
| College                 |                               |                               |                           |                           |
| College                 |                               |                               |                           |                           |
| Other (Specify)         |                               |                               |                           |                           |

## DRIVER'S LICENSE

If required for the position you are applying for, include your driver's license number and type.

**Driver's License Number:**

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

**Type:**

- Minnesota Class A
- Minnesota Class B
- Minnesota Class D
- Other: State \_\_\_\_ Class \_\_\_\_

## OTHER LICENSES

If required for the position you are applying for, or if you believe it demonstrates relevant experience, list other licenses you have. A photo copy of the licenses **must** be included.

| License or Certificate | Licensing Agency | Expiration Date | License Number |
|------------------------|------------------|-----------------|----------------|
|                        |                  |                 |                |
|                        |                  |                 |                |
|                        |                  |                 |                |

# EMPLOYMENT HISTORY

Please give accurate, complete employment information.

## Present or Most Recent Employer

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Supervisor's name & title: \_\_\_\_\_

Your title: \_\_\_\_\_

Number and types of positions you supervised: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major duties or responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer regarding your work record?  Yes  No Phone number ( ) \_\_\_\_\_

## Length of Employment:

Complete this boxed in area only if the experience is within the past 5 yrs.

From: \_\_\_\_\_ To: \_\_\_\_\_  
(month & year) (month & year)

Hours per week: \_\_\_\_\_

Complete the following area only if the experience was more than 5 yrs. ago.

Total number of years & months only  
(do not give specific dates).

\_\_\_\_\_

Years

\_\_\_\_\_

Months

## Previous Employer

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Supervisor's name & title: \_\_\_\_\_

Your title: \_\_\_\_\_

Number and types of positions you supervised: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major duties or responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer regarding your work record?  Yes  No Phone number ( ) \_\_\_\_\_

## Length of Employment:

Complete this boxed in area only if the experience is within the past 5 yrs.

From: \_\_\_\_\_ To: \_\_\_\_\_  
(month & year) (month & year)

Hours per week: \_\_\_\_\_

Complete the following area only if the experience was more than 5 yrs. ago.

Total number of years & months only  
(do not give specific dates).

\_\_\_\_\_

Years

\_\_\_\_\_

Months

**Previous Employer**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Supervisor's name & title: \_\_\_\_\_

Your title: \_\_\_\_\_

Number and types of positions you supervised: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major duties or responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer regarding your work record?  Yes  No Phone number ( ) \_\_\_\_\_

**Length of Employment:**

Complete this boxed in area only if the experience is within the past 5 yrs.  
From: \_\_\_\_\_ To: \_\_\_\_\_  
(month & year) (month & year)  
**Hours per week:** \_\_\_\_\_

Complete the following area only if the experience was more than 5 yrs. ago.  
Total number of years & months only  
(do not give specific dates).  
\_\_\_\_\_  
\_\_\_\_\_  
Years Months

**Previous Employer**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Supervisor's name & title: \_\_\_\_\_

Your title: \_\_\_\_\_

Number and types of positions you supervised: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major duties or responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this employer regarding your work record?  Yes  No Phone number ( ) \_\_\_\_\_

**Length of Employment:**

Complete this boxed in area only if the experience is within the past 5 yrs.  
From: \_\_\_\_\_ To: \_\_\_\_\_  
(month & year) (month & year)  
**Hours per week:** \_\_\_\_\_

Complete the following area only if the experience was more than 5 yrs. ago.  
Total number of years & months only  
(do not give specific dates).  
\_\_\_\_\_  
\_\_\_\_\_  
Years Months



# CLAIM FOR VETERAN'S PREFERENCE

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**Position Applying For:** \_\_\_\_\_

The eligibility requirements for veteran's preference are listed below. Read them carefully to see if you qualify. If you do wish to receive preference, be sure to complete this section. Providing the information in this section is voluntary. You must do so if you wish to obtain the preference.

## **Veteran Eligibility for Open Competitive Position**

Must be a U.S. Citizen or resident alien who has separated under honorable conditions:

- (1) After serving on active duty for 181 consecutive days, or
- (2) By reason of disability incurred while serving on active duty.

## **Disabled Veteran Eligibility for Open Competitive Position**

Must have a compensable service connected disability as adjudicated by the United States Veteran's Administration or by the Retirement Board of the several branches of the armed forces and the disability must exist at the time preference is claimed.

## **Disabled Veteran Eligibility for Promotional Position**

Must, at the time of election to use preference, be entitled to disability compensation for a permanent service-connected disability rated at 50% or more and the position for which you are applying must be the first promotion after entering public employment.

## **Eligibility as a Spouse of a Deceased or Disabled Veteran**

Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who, because of a disability, is unable to qualify for the particular position due to his/her disability and who would have or does meet the criteria for one of the above-listed preferences.

ALL APPLICANTS CLAIMING VETERAN'S PREFERENCE MUST ATTACH A COPY OF HIS/HER FORM DD214. FAILURE TO DO SO MAY RESULT IN LOSS OF VETERAN'S PREFERENCE ELIGIBILITY. Disabled veterans must also supply FORM FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the veteran's DD214 and FL-802 or death certificate.

**Are you requesting veteran's preference points?     Yes     No**

If yes, please choose one:

Honorably Discharged Veteran's Preference

Honorably Discharged Disabled Veteran's Preference

If you answered "yes," your DD214 or other documentation must be received no later than the application deadline for the position. If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

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PRINTED Name of Applicant

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Applicant Signature

## HAVE YOU . . .

- Thoroughly read this entire application, including the enclosed Tennessen Warning?
- Signed this application in all required places?
  - The Tennessen Warning
  - The Applicant Certification (bottom of this page)
- Completed the claim for Veteran's Preference form? (A copy of DD form 214 must be attached and received prior to the position closing date to qualify for Veteran's Preference points.)
- Provided sufficient detail so that proper credit for education, training, and experience may be granted?
- Included copies of licenses and transcripts, if applicable?

### **APPLICANT CERTIFICATION**

**Before signing this application, read the following waiver carefully.**

- 1) I have read and understand the job description for the position for which I am applying and certify that the answers given in this application are true and complete to the best of my knowledge.
- 2) I authorize all current and previous employers to release job related information upon the written request of the Waseca County Administrator's Office. However, I understand that if in the Employment History section I have answered "No" to the question "May we contact this employer," contact with the employer will not be made without my specific authorization.
- 3) I authorize the Waseca County Administrator's Office to verify all information on this application to determine whether or not I am qualified for the position for which I am applying.
- 4) I understand that providing false or misleading information on this application may result in dismissal from any position gained on the basis of that false information.
- 5) I understand that this application is not, and is not intended to be, a contract of employment.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

#### **RETURN COMPLETED APPLICATION TO:**

County Administrator's Office  
307 North State Street  
Waseca, MN 56093  
Telephone: (507) 837-5341  
Fax: (507) 835-0633  
Email: marilyn.wilkus@co.waseca.mn.us

Waseca County will accept a fax or email copy of your application, if 1) received by the closing date; 2) the application and all necessary supporting documentation is included; and 3) the original application form is mailed immediately following the fax or email and received before the eligibility register for the position is certified.

# AFFIRMATIVE ACTION APPLICANT INFORMATION

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## To All Applicants:

The following information in does not affect 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 personnel files and it will not be made available to any person involved in decisions affecting an individual's appointment or promotion to 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.

**Position applying for:** \_\_\_\_\_

**Instructions:** Mark the choice that answers each of the following questions.

(1) What sex are you?    \_\_\_\_\_ Male    \_\_\_\_\_ Female

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

- \_\_\_\_\_ American Indian/Alaskan Native
- \_\_\_\_\_ African American
- \_\_\_\_\_ Asian or Pacific Islander
- \_\_\_\_\_ Spanish or Mexican American
- \_\_\_\_\_ White
- \_\_\_\_\_ Other \_\_\_\_\_

(3) Do you have a disability?    \_\_\_\_\_ No    \_\_\_\_\_ Yes

(4) How did you learn about this job opening?

- \_\_\_\_\_ Waseca County Website
- \_\_\_\_\_ Waseca County News
- \_\_\_\_\_ New Richland Star
- \_\_\_\_\_ Association of Minnesota Counties (AMC)
- \_\_\_\_\_ School
- \_\_\_\_\_ Minnesota Workforce Center
- \_\_\_\_\_ Walk-In
- \_\_\_\_\_ Internet (website): \_\_\_\_\_
- \_\_\_\_\_ County Website
- \_\_\_\_\_ County Employee
- \_\_\_\_\_ Posting
- \_\_\_\_\_ Other (specify): \_\_\_\_\_