



**WORK EXPERIENCE:**

List your present or most recent experience first. Please give accurate, complete full-time and part-time employment record. Attach an extra sheet if necessary. **Do not write "SEE RESUME"**.

Employer Name _____	Length of Employment: From ____/____/____ to ____/____/____
Address _____	Total: Years ____ Months ____
Phone Number _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your Job Title _____	Reason for Leaving: _____
Supervisor's Name _____	

Description of job duties – **Be Complete** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer Name _____	Length of Employment: From ____/____/____ to ____/____/____
Address _____	Total: Years ____ Months ____
Phone Number _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your Job Title _____	Reason for Leaving: _____
Supervisor's Name _____	

Description of job duties – **Be Complete** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer Name _____	Length of Employment: From ____/____/____ to ____/____/____
Address _____	Total: Years ____ Months ____
Phone Number _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your Job Title _____	Reason for Leaving: _____
Supervisor's Name _____	

Description of job duties – **Be Complete** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Cottonwood County may contact the employers listed above unless you indicate those whom you do not want us to contact.  
 DO NOT CONTACT: \_\_\_\_\_

**JOB RELEVANT VOLUNTEER AND UNPAID WORK EXPERIENCE:**

Kind of Volunteer Activity	Major Responsibilities	# of hours/month	How Long? from/to

**EDUCATION:**

Did you graduate from high school or receive a GED? \_\_\_ Yes \_\_\_ No

Name and location of last high school attended: \_\_\_\_\_

Name and Location of College, University, Technical School	# of Years Completed	Did you Graduate?	Major Courses Of Study	Certificate or Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you fluent in a language other than English (including sign language)? \_\_\_ Yes \_\_\_ No

If yes, please specify: \_\_\_\_\_

**LICENSURE:**

Do you have valid Drivers License? \_\_\_ Yes \_\_\_ No If yes, what class? \_\_\_\_\_

List all other current licenses, registrations, or certificates relevant to the position for which you are applying. All applicable licenses or certifications must be received in the Human Resources office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

License/No.	Issued by	Date	Expiration
_____	_____	_____	_____
_____	_____	_____	_____

**ADDITIONAL INFORMATION:**

Describe any additional experience or training that qualifies you for this position (be specific):

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

What machines or equipment do you operate, i.e. computers, construction equipment, tools, etc?

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

List computer hardware and software training and experience.

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

**REFERENCES:**

These should be individuals in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The County reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name	Present Address	Phone Number	Occupation and Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VETERAN PREFERENCE POINTS APPLICATION:**

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results if they obtain a passing rating, pursuant to M.S. § 197.455. To be eligible you must:

- 1) Be a citizen of the U.S. or resident alien who has separated under honorable conditions from any branch of the armed forces of the United State; and
  - have served on active duty for at least 181 consecutive days; OR
  - completed the full period federally ordered to active duty; OR
  - have separated by reason of USDVA verified injury incurred while serving on active duty; or
- 2) Be the surviving spouse of a veteran (as defined above) who died on active duty or as a result of a USDVA verified active duty injury; OR the spouse of a disabled veteran who because of the disability is not able to qualify.

ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS?  Yes  No

If yes, you must complete the section below. In order to receive credit, you must submit a copy of your (spouse's) DD214 by the closing date of the position for which you are applying, as well as documentation of a USDVA verified injury, if any.

Preference Requested:  Veteran  Disabled Veteran  Spouse of Disabled Veteran  Spouse of Deceased Veteran

If spouse, veteran's name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Period of Active Duty: From \_\_\_\_\_ to \_\_\_\_\_

Do you have a compensable service-related disability?  Yes  No

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Describe relevant training received: \_\_\_\_\_

**PERSONAL STATEMENT:**

Please indicate why you are interested in the position and what you hope to accomplish if selected:

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**MINNESOTA DATA PRACTICES ACT/TENNESSEN WARNING**

In accordance with the MN Government Data Practices Act, Cottonwood County is required to inform you of your rights as they pertain to the information you provide when filling out this Application for Employment.

Under the Act, the following information is automatically available to the public:

- |                              |                         |                                   |
|------------------------------|-------------------------|-----------------------------------|
| 1. Whether you are a veteran | 3. Relevant test scores | 5. Your education and training    |
| 2. Your work availability    | 4. Your job history     | 6. Your rank on our eligible list |

Your name is considered private unless you are selected to be interviewed for the position. If you are hired, you will be notified of the additional information about you that will become public.

Any information you provide in your application, which is not listed above is classified as private data. Private data will not be shared with anyone but those members of our staff who must use it to process your application and to conduct normal County business, without your informed consent or a valid court order. Certain federal or state agencies may also be authorized by state or federal law to receive information from your file to investigate specific complaints of employment discrimination.

**PURPOSE AND USES**

The information requested is used for the following reasons:

- to distinguish you from other applicants
- to meet federal and state reporting requirements
- to make processing more efficient
- to enable us to ensure your rights to equal opportunity
- to enable us to contact you when additional information is required, to send you notices and/or to schedule interviews

**EFFECTS OF NON-DISCLOSURE**

You are not legally required to supply any of the data we ask for on your application, but if you choose to withhold it, your application will not be complete, and you may not be considered for employment. If you do provide the data, your application will be considered, and if you are employed, the information you have given us will become part of your employee record. Any falsified information on the application form will result in termination.

I have read and understand the above statements \_\_\_\_\_ (initial)

## CERTIFICATION, ACKNOWLEDGEMENT AND RELEASE

**I certify** that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the County.

**I understand, acknowledge and agree** that any offer of employment can only be validated by formal approval by the County Board or the appropriate appointing authority, and that until such approval the County shall not be liable for any reliance on any oral or written offers of employment made to me. Job offers are made by the Human Resources office only and will be that of an at-will employee. The County of Cottonwood shall consider no other employment valid.

In connection with this application I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the County and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the County will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires (1) year from the date of my signature below.

**I understand** that Cottonwood County prohibits the use, sale, distribution, dispensations, manufacture, or possession of alcohol or a controlled substance on company job sites, on company property, or during working time, and prohibits any employee from working for Cottonwood County while under the influence of or impaired by alcohol or any controlled substance.

**I understand and agree** that I may be required to have one or more: Physical exam including a medical history (allowable under MS 363A.20 subd. 8 at time of job offer); drug or alcohol test; TB screening; immunizations; any other necessary medical testing as a condition of hiring or continued employment. I agree to take such test(s) at such times and with health care professionals designated by the company, and release the company, its directors, officers, agents or employees and physicians administering tests and testing laboratories from any claim arising in connection with the use of such test(s). Positive results on drug and alcohol tests will result in ineligibility for employment, or if hired, discipline up to and including discharge.

**I understand** that, as a condition of any offer of employment, I am required by federal law to produce documentary evidence of identity and authorization to work in the United States. If documents are not produced within three working days of date of hire, employment will terminate.

**I hereby release** to the County and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, former employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

I acknowledge that I have read and understand this agreement, and have signed this voluntarily and of my own free will.

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_