



MOWER COUNTY APPLICATION FOR EMPLOYMENT

Date Received _____
(office use only)

Please Return To:

**Mower County Human Resources
Attn: Allan Cordes, HR Director
201 1st Street NE
Austin, MN 55912**

**Mower County Conducts
Pre-employment Drug Testing
For Sheriff and DOT Highway Department
positions**

Adopted by the Mower County
Board of Commissioners:
Amended:

December 9, 1975

March 28, 1978

June 5, 1990

November 1997

July 5, 2006

October 27, 2009

Dear Applicant:

We welcome you as an applicant for employment. Your application will be considered with others in competition for this vacancy. It is the policy of Mower County to provide equal opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age in all aspects of the County's personnel policies, programs, practices and operations. This policy applies to all phases of full, part time, temporary, and seasonal employment.

The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment by the County of Mower. Incomplete information could result in your application being rejected. ***Please fill out the application completely, do not write "See Resume" or the information may not be considered. YOU ARE ENCOURAGED TO SUPPLY ALL ADDITIONAL INFORMATION WHICH YOU BELIEVE QUALIFIES YOU FOR THE POSITION.***

I. Position Applying For:

PLEASE USE INK OR TYPEWRITER:

Date Available: _____

List Job titles in order of preference:

1. _____

2. _____

3. _____

_____ Full-time _____ Part-Time

_____ Temporary _____ Seasonal

II. PERSONAL INFORMATION:

Last Name _____ First _____ Middle _____

Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone No. _____ Work Phone No. _____

Do you have any special needs which may necessitate accommodations in the application/interview process?

Yes _____ No _____

If yes, please describe the type of accommodation requested: _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States? Yes _____ No _____

Have you previously worked for the County? Yes _____ No _____

If yes, position held/department: _____

Under what name may your previous employment records at Mower County and other employers be found? _____

Do you have any relatives currently employed with Mower County? Yes _____ No _____

If yes, Name of relative _____ Department _____

VI. EMPLOYMENT HISTORY
 List *all* work and volunteer experience, whether or not relevant to this position, most recent to be listed first.

1.

Employer's Name		
Address		
Phone No.		
Position Held		
Immediate Supervisor:		
Number of Years Employed	Last Salary	Full Time ____
Dates of Employment mm/dd/yyyy		Part Time ____
Duties Performed		
Reason for Leaving:		

2.

Employer's Name		
Address		
Phone No.		
Position Held		
Immediate Supervisor:		
Number of Years Employed	Last Salary	Full Time ____
Dates of Employment mm/dd/yyyy		Part Time ____
Duties Performed		
Reason for Leaving:		

3.

Employer's Name		
Address		
Phone No.		
Position Held		
Immediate Supervisor:		
Number of Years Employed	Last Salary	Full Time ____
Dates of Employment mm/dd/yyyy		Part Time ____
Duties Performed		
Reason for Leaving:		

Duplicate this sheet and list additional employers, if necessary. Include volunteer unpaid work.

VII. REFERENCES

These should be people 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: _____ Title: _____

Address: _____ Phone: _____

Name: _____ Title: _____

Address: _____ Phone: _____

Name: _____ Title: _____

Address: _____ Phone: _____

VIII PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment? _____

If so, identify the employer and describe the circumstances: _____

IX. UNEXCUSED ABSENCES FROM WORK

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family? _____

X. TO BE COMPLETED BY APPLICANTS FOR LABOR AND SKILLED TRADE POSITIONS:

Apprenticeship(s) served or trades learned:

Drivers License No.: _____ Class: _____

Capable of operating the following equipment: _____

XI. VETERAN STATUS

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points? Yes _____ No _____

Do you wish to claim Veteran's Preference? Points Yes _____ No _____

If you are a disabled veteran and wish to claim additional points, please check here. ____

Applicants claiming Veteran's Preference must attach a copy of DD Form 214.

XII. CONVICTION INFORMATION:

The County of Mower declares that the existence of a criminal conviction will not automatically disqualify you from County employment, though certain types of criminal conviction will prohibit you from working in certain departments. For further explanation, contact the Human Resources Director. The County may conduct a criminal background check upon making a contingent job offer.

Have you ever been convicted or charged with a misdemeanor or felony? Yes _____ No _____

If yes, date and place: _____

Nature of Offense _____ Disposition: _____

Were you convicted and/or did you plead guilty? _____

If more than one, please give same information for each offense:

IF YOU FEEL THIS APPLICATION OR YOUR TREATMENT AS AN APPLICANT HAS BEEN DISCRIMINATORY, CALL THE MOWER COUNTY AFFIRMATIVE ACTION OFFICER AT 507-437-9545.

XIII. DATA PRIVACY/TENNESSEN WARNING

The information requested on this application is intended to be used by the County in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the county being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the County may be unable to provide the necessary accommodations if you do not provide the information in Section II. The information on this application which is classified as private data under the Minnesota Government Data Practices act will not be released outside the County without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

XIV. Certification 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 no offer of employment is valid or binding until formal approval by the County Board or the appointing authority referenced in the job description 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.

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 one year from the date of my signature, below.

I hereby release 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, for any and all liability of whatever nature by reason of requesting or providing such information.

Date _____ Signature _____
(Do Not Print)