APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

FOR OFFICE USE ONLY

COUNTY OF CARVER
Employee Relations
Government Center
Administration Building
600 East 4th Street
Chaska, MN 55318-2102

Direct: (952) 361-1525
Job Line: (952) 361-1522
Fax: (952) 361 -1536
Website:
www.co.carver.mn.us

PRINT CLEARLY WITH INK OR TYPE

TITLE OF POSITION FOR WHICH YOU ARE APPLYING	Posting #

DATE OF APPLICATION	SOCIAL SECURITY NUMBER (optional)

Last Name	First Name	Middle Name	Suffix

Street Address	Apt. No.	Home Phone:	Alternate:
City	State / Zip Code	May we call you at work? Yes ☐ No ☐	Work Phone:
E-mail Address (optional):		Are you legally eligible to work in the United States? No ☐ Yes ☐	

Are you a present employee of Carver County? No ☐ Yes ☐ ; if Yes, present position:
If yes also , indicate status: Regular ☐ Probationary ☐ Temporary ☐ Contract ☐ Other ☐ ; explain:

Would you be interested in temporary employment? No ☐ Yes ☐ ; if yes, check appropriate box: ☐ Full-time Part-time ☐

Are you a past employee of Carver County? No ☐ Yes ☐ Are you on layoff and subject to recall? No ☐ Yes ☐

Have you filed an application here before? No ☐ Yes ☐ ; if yes, when?

EDUCATION/TRAINING:

Did you graduate from a High School or receive a G.E.D? No ☐ Yes ☐ High School Attended:

Address: City : State:

Name and Address of College, University, Technical, Professional, Business, Trade, Vocational or Other School	No. Credits Earned	Cert. / Degree Type	Area of Study: Major/Minor	Have You Graduated? Rec'd Diploma./ Degree?
			/	☐ Yes ☐ No
			/	☐ Yes ☐ No
			/	☐ Yes ☐ No
			/	☐ Yes ☐ No

PROFESSIONAL LICENSE/MEMBERSHIPS

If position requires certificate, registration, or occupational license, please provide information:

License/Registration/Certificate/Membership type:	Expiration Date:	Licensing Agency or Organization:	License Number:

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EMPLOYMENT HISTORY/RECORD

VERY IMPORTANT: Starting with your PRESENT or most recent EMPLOYER, please list all your positions held for at least the past (7) years. Carver County scores the information you provide on this application to determine your qualifications for the position. Please be complete and specific as points cannot be given for items not listed on the application. A resume will not be accepted in lieu of a completed application. Please print or type information.

Do NOT mark on application "SEE RESUME." Applications will be rejected if incomplete.
Complete the dates of employment for each positions occupied. Leave the date "TO" blank if you are still currently employed

Present or Last Employer			Address		City	State Zip
Job Title			Supervisor		Phone No.	May we contact? Yes ☐ No ☐
FROM Mo. Yr.	TO Mo. Yr.	Total Time Yrs. Mos.	☐Full Time OR ☐Part-time Hrs/Wk.		Starting Pay	Current/Ending Pay
Reason for leaving:						
Specific duties:						

2nd Employer			Address		City	State Zip
Job Title			Supervisor		Phone No.	May we contact? Yes ☐ No ☐
FROM Mo. Yr.	TO Mo. Yr.	Total Time Yrs. Mos.	☐Full Time OR ☐Part- time Hrs/Wk.		Starting Pay	Ending Pay
Reason for leaving;						
Specific duties:						

3rd Employer			Address		City	State Zip
Job Title			Supervisor		Phone No.	May we contact? Yes ☐ No ☐
FROM Mo. Yr.	TO Mo. Yr.	Total Time Yrs. Mos.	☐Full Time OR ☐Part- time Hrs/Wk.		Starting Pay	Ending Pay
Reason for leaving:						
Specific duties:						

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4th Employer	Address	City	State Zip
Job Title	Supervisor	Phone No.	May we contact? Yes ☐ No ☐

FROM Mo. Yr.	TO Mo. Yr.	Total Time Yrs. Mos.	☐Full Time OR ☐Part- time Hrs/Wk.	Starting Pay	Ending Pay

Reason for leaving:

Specific duties:

5th Employer	Address	City	State Zip
Job Title	Supervisor	Phone No.	May we contact? Yes ☐ No ☐

FROM Mo. Yr.	TO Mo. Yr.	Total Time Yrs. Mos.	☐Full Time OR ☐Part- time Hrs/Wk.	Starting Pay	Ending Pay

Reason for leaving:

Specific duties:

COMPUTER OR OFFICE EQUIPMENT EXPERIENCE

List any computer hardware, software skills or application skills that may be relevant for the consideration of this position:

FOR ADDITIONAL RELEVANT WORK EXPERIENCE, USE BLANK SHEETS AND ATTACH TO THIS FORM.

List any additional information you feel may be important for us to know in evaluating your application, e.g., professional society memberships, relevant community activities or volunteer work, skills or specific accomplishments:

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PLEASE READ AND SIGN

APPLICATION DECLARATION

I hereby declare and certify that the answers or statements I have supplied on this Application are true, complete and correct to the best of my knowledge. I understand that any and all information provided as part of this application is subject to verification. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute grounds for my immediate dismissal should I be employed by the County. I understand that I will be asked to furnish proof of eligibility to work in the United States upon being hired. My signature authorizes Carver County to secure my driving record (if position a valid driver's license and/or proof of equivalent mobility), transcripts from educational institutions to verify credits/degrees and information needed to obtain criminal background check. It also authorizes collection of any employment-related information deemed necessary from current or former employers, organizations where I have volunteered ("volunteer organizations") named in this application or personal references. I agree to hold harmless those individuals, organizations, and Carver County for any information provided or received. I understand 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 current and 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.

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes Chapter 13 requires that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address, Home Phone Number, information regarding disability or any reasonable accommodation, and Racial/Ethnic Data.

This means the data is available only to you and County officials who have a reasonable and work-related need for it during the hiring process. This data may also be available to other agencies with statutory authority, including law enforcement agencies and persons or entities authorized by law or court order.

The data will be used to identify you within the hiring process. Refusal to supply Name, Home Address and Home Phone Number may result in your application not being considered. Furnishing racial/ethnic data, age, gender and social security number is voluntary and will not be used by Carver County as a criterion for employment.

Information regarding disability or any reasonable accommodation will be used to provide reasonable accommodations during the hiring process. Refusal to provide information regarding disability or any reasonable accommodations may result in Carver County not being able to accommodate you during the hiring process. Information regarding disability or any reasonable accommodations will be maintained separately and will be treated as private medical records.

Your name will become public data when you are certified as eligible to be selected to fill a vacancy. All other information you supply on this application with the exception of that which is private data as indicated above will become public if you are hired by Carver County.

EQUAL OPPORTUNITY EMPLOYER

Carver County, an Equal Opportunity Employer, is committed to provide for all, without discrimination, equal employment opportunity to hire and promote without regard to such non-job-related distinctions on the basis of race, color, creed, religion, national origin, disability, marital status, sexual orientation, sex (except when sex is a Bona Fide Occupational Qualification) or status with regard to public assistance.

I hereby declare that I have read the statements above, "APPLICATION DECLARATION", "YOUR RIGHTS AS A SUBJECT OF DATA" and "EQUAL OPPORTUNITY EMPLOYER". I acknowledge and understand what information I supply is done so with regard to the Minnesota Government Data Practices Act. (Minnesota Statutes 13.01 – 13.88)

APPLICATIONS SUBMITTED VIA E-MAIL:

By e-mailing this employment application to Carver County, I agree that the information in the application is true, complete and correct to the best of my knowledge. I understand that if I should proceed through the employment process, I will be required to sign this application affirming that all of the information provided and statements made are accurate. I also understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment.

☐ I agree,. Please consider the electronic submission of my application as authorization for consideration for the position in which I applied.

☐ I do not agree. Please do not consider my application as whole or earnest until I have signed this application

☒ _____ _____

SIGNATURE OF APPLICANT DATE

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APPLICATION DATA RECORD

Last Name	First Name	Middle Name	Name if first name not used:
Present Address	Apt. No.	Home Phone:	Alternate:
City	State / Zip Code	Work Phone:	
Social Security Number:	Position Applied for:		Posting #
Driver's License No.:		State Issued:	Class:

The following information will NOT be used by Carver County as criteria for employment. This information is to help us comply with EEO/Veteran's Preference guidelines and to evaluate the effectiveness of our recruitment advertising efforts. Information regarding disability or any reasonable accommodations will be used to provide reasonable accommodations during the hiring process. We request that you complete this applicant data record. This information will be filed in a separate, confidential file from your Application for Employment.

~YOUR COOPERATION IS VOLUNTARY~

HOW DID YOU FIRST LEARN ABOUT THIS POSITION? (check one)

○ Carver County Website	○ Employment Agency	○ MONSTER.com	○ MAAO website
○ Carver County Job-line	○ Southwest Suburban Publishing	○ Careerbuilder.com	○ CHS Mailbag
○ Walk-in (Job Board)	○ Minneapolis Star Tribune	○ MCCC notification	○ MSSA website
○ Minnesota Workforce Center	○ Waconia Patriot	○ AMC website	○ From a Current Employee
○ Minnesota Jobs	○ Other Print media:	○ POST Website	○ Other:

ETHNICITY:

Gender: Male Female

W	☐ **White:**	Origins in any of the original peoples of Europe, North Africa, or the Middle East (not of Hispanic origin)
B	☐ **Black**:	Origins in any of the Black African racial groups (not of Hispanic Origin)
H	☐ **Hispanic:**	Origins in Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
I	☐ **American Indian: or Alaskan Native:**	Origins in North America or if maintain tribal affiliations through memberships, participation or community recognition.
A	☐ **Asian or Pacific Islanders:**	Origins of the far East, Southeast Asia ,the Indian subcontinent of the Pacific Islanders

If you have a disability or need any reasonable accommodations in order to participate in the Carver County hiring process, please explain:

VETERAN'S PREFERENCE

Carver County awards preference points to qualified veterans and spouses of deceased veterans to add to their results.

Application Instructions – Points are awarded subject to the Minnesota Statutes 43A.11. You must supply a copy of DD214. Disabled veterans must also supply an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the veteran's DD214 or death certificate.

I am applying for Veteran's Preference Points Yes ☐ No ☐	Veteran is Self ☐ Spouse ☐	If Spouse, Veteran's Name:
Branch Of Service:	Period Of Activity Duty – From:	To:
Rank At Discharge	Type Of Discharge	Service No.

Preference: Veteran ☐ Disabled Veteran ☐ Spouse Of Disabled Veteran ☐ Spouse Of Deceased Veteran ☐

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Print Form