

# *Brown County*

## *An Equal Opportunity Affirmative Action Employer Brown County Application for Employment*

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Before completing the application form, please read the following notice.

Brown County is an Equal Opportunity Employer and will not discriminate on the basis of age, race, sex, marital status, national origin, creed, religion, disability, political affiliation, status with respect to receipt of public assistance, and affectional orientation/perceived affectional orientation.

### **HOW THE DATA PRACTICES ACT AFFECTS THE APPLICANT**

The Minnesota Government Data Practices Act requires us to inform you of your rights as they pertain to the information you provide when filling out the Application for Employment. Under the Act, certain application information is considered public. This information includes test scores, status as a veteran, job history, education and training, and work availability.

Your name is private until you are selected to be interviewed for employment by Brown County. If you are hired, you will be notified of the additional information about you that will become public. Information not listed above which accompanies your application is made private by law, and will not be shared with anyone but you, and those members of our staff who must use it to process your application and to conduct normal Brown County business. Other agencies may be authorized by state or federal law to receive information from your file to include the Federal Equal Employment Opportunity Commission, and the state departments of the Human Rights or Civil Rights. Otherwise, no private record of you will be shared with any outside person or agency without your formal consent or valid court order.

### **PURPOSES AND USE OF INFORMATION**

The information requested on the application form is used to distinguish you from other applicants, to enable us to contact you when additional information is required, to schedule interviews, to enable us to insure your rights to equal opportunities, to meet federal and state reporting requirements, to make processing more efficient, and for other purposes deemed necessary in the administration of personnel in Brown County.

### **EFFECTS OF NON-DISCLOSURE**

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

**I have read the above information on the Minnesota Data Practices Act and the Brown County non-discrimination policy.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FILL OUT ALL PAGES FULLY AND ACCURATELY, PLEASE USE INK OR TYPEWRITER**

Position for which you are applying? \_\_\_\_\_

**PERSONAL**

Name \_\_\_\_\_  
(Last) (First) (MI)

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Are You Legally Authorized to Work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are You a Citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are You 18 Years of Age or Over? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any special needs which may necessitate accommodations in the application/interview process? \_\_\_ Yes \_\_\_ No Describe the type of accommodation needed \_\_\_\_\_

Type of Employment Desired? \_\_\_\_\_ Full Time \_\_\_\_\_ Temporary  
\_\_\_\_\_ Part Time \_\_\_\_\_ Intermittent

If Part Time, Specify Days and Hours Available \_\_\_\_\_

Date Available for Work \_\_\_\_\_ Salary/Wage Desired \_\_\_\_\_

Have You Filed an Application Here Before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, Give Date \_\_\_\_\_

Have You Ever Been Employed Here Before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, Give Date \_\_\_\_\_

Do You Have a Valid Minnesota Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Type of License? \_\_\_\_\_

List Any Certifications, Licenses, or Other Credentials You Possess: (List Numbers and Renewal Date)

**GENERAL INFORMATION**

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 checked yes you must provide the employer with a copy of your DD214 form before the preference points will be granted.**

If you are a disabled veteran or otherwise entitled to claim Disabled Veteran's Preference Points and wish to claim such additional points, please check here. \_\_\_\_\_

Please list Armed Forces Branch, Rank, Assignments and Special Training while in Service.

Have You Ever Been Convicted or Received a Verdict of Anything Other Than Not Guilty in Any Criminal Investigation for Which the Records have not Been Expunged? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please Describe \_\_\_\_\_

**\*\*NOTE:** The existence of a felony conviction will not automatically disqualify you from employment with us, although certain types of criminal convictions may prohibit you from working certain jobs.

Have You Ever Worked Under Another Name for This Company? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please State Name \_\_\_\_\_

**EMPLOYMENT HISTORY**

List Below All Present and Past Employment, Beginning With Your Most Recent:

	<b>From Mo/Yr</b>	<b>To Mo/Yr</b>	<b>Work Performed</b>	<b>Ending Salary</b>	<b>Reason for Leaving</b>
Name of Company  Address of Company  Telephone # Supervisor Name	Hrs/Wk:				
Name of Company  Address of Company  Telephone # Supervisor Name	Hrs/Wk:				
Name of Company  Address of Company  Telephone # Supervisor Name	Hrs/Wk:				

We May Contact the Employers Listed Above Unless You Indicate Those You Do Not Want Us to Contact. DO NOT CONTACT Employer Number(s) \_\_\_\_\_ Reason \_\_\_\_\_

Please List All Business Machines and Equipment That You Can Operate. (i.e. typewriter, cash register, copier, computer, etc.) \_\_\_\_\_

Summarize Special Skills and Qualifications Acquired From Employment or Other Experience: \_\_\_\_\_

**EDUCATION, SPECIAL SKILLS AND QUALIFICATIONS**

<b>Education</b>	<b>School Name &amp; Location</b>	<b>Course of Study</b>	<b># of Yrs. Completed</b>	<b>Did You Grad.?</b>	<b>Degree/ Diploma</b>
High School					
College(s)					
Technical School					
Other					

List Subjects of Special Study or Interest: \_\_\_\_\_

**REFERENCES**

List at Least Three Persons Who Are Not Related to You in Any Way Who Know You Well or have Worked With You.

<b>Name</b>	<b>Address</b>	<b>Phone #</b>	<b>Years Known</b>

**TO BE READ AND SIGNED BY THE APPLICANT**

The information I have supplied on this application and by way of any oral statements is true and correct. I am aware that information about myself, past work history, performance, and character will be obtained and reviewed, based on the information I have presented here. I understand that any misstatements or misleading omissions will be considered sufficient cause for rejection as a candidate or for immediate discharge.

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

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

**EQUAL EMPLOYMENT OPPORTUNITY PLAN  
APPLICANTS FLOW INFORMATION**

To All Applicants:

The following requested 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 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 Brown County.

Position Applying for: \_\_\_\_\_

Title of Position: \_\_\_\_\_

Instructions: Check the choice that answers each of the following questions.

- |  |  |
|--|--|
| <p>1. What sex are you?<br/>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>2. Of the following, of what racial/ethnic group do you consider yourself?<br/><input type="checkbox"/> American Indian/Alaskan Native<br/><input type="checkbox"/> Black<br/><input type="checkbox"/> Asian/Pacific Islander<br/><input type="checkbox"/> Hispanic<br/><input type="checkbox"/> White<br/><input type="checkbox"/> Other: _____</p> <p>3. Do you have a disability?<br/><input type="checkbox"/> No<br/><input type="checkbox"/> Yes<br/>If yes, please describe _____<br/>_____<br/>_____</p> | <p>4. Where did you learn about this job?<br/><input type="checkbox"/> Local paper<br/><input type="checkbox"/> Internet<br/><input type="checkbox"/> School<br/><input type="checkbox"/> County or City Employee<br/><input type="checkbox"/> Job Service (Workforce Centers)<br/><input type="checkbox"/> Other: _____</p> |
|--|--|

7. Name: \_\_\_\_\_