

Brown County
Application for Employment
An Equal Opportunity/Affirmative Action Employer
www.co.brown.mn.us

14 S. State St
P.O. Box 248
New Ulm, MN 56073
Phone: (507) 233-6605
Fax: (507) 359-1430 Email: hr@co.brown.mn.us

POSITION _____ APPLICATION DATE _____

It is the policy of Brown County to provide equal employment opportunity, without discrimination on the basis of race, color, creed, religion, national origin, sex, sexual orientation, marital status, disability, receipt of public assistance, age, or political affiliation.

Please type or print using dark ink. 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. Please refer to Page 4 of the application for important information for applicants for employment with Brown County. **Signature required on Page 4.**

NAME _____			
(Last)	(First)	(Middle)	
ADDRESS _____			
(Street)	(City)	(State)	(Zip)
HOME PHONE _____		CELL PHONE _____	
E-MAIL ADDRESS _____			

Are you legally eligible for employment in the United States? Yes No

(Proof of U.S. Citizenship or Immigration status will be required upon employment)

Are you 18 years of age or over? Yes No

Do you have a valid Driver's License? Yes No State Issued _____ Class _____ *(if required by job description)*

Have you ever filed an application with Brown County before? Yes No If yes, please list dates _____

Have you ever been employed by Brown County before? Yes No If yes, dates: From _____ to _____

Are you currently employed? Yes No

May we contact your present employer for references? Yes No

Type of Employment Desired: Full Time Part Time Intermittent Temporary

If Part Time, Intermittent, or Temporary, specify availability _____

Date Available for Work: _____ Salary/Wage Desired _____

Do you wish to apply for Veteran's Preference Points? Yes No

If yes, you must complete the sections 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 disability, if any.

Preference Requested: Veteran Disabled Veteran Spouse of Disabled Veteran Spouse of Deceased Veteran
If spouse, Veteran's name _____

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

Branch of Service _____ Period of Active Duty From _____ To _____

Rank at Discharge _____ Type of Discharge _____

Describe relevant training received _____

EMPLOYMENT HISTORY

List below all present and past employment, listing your current or most recent experience first. Attach additional sheets if necessary. A resume may be attached, but will not be accepted in lieu of application (Do not write "See Resume").

1. Employer	Dates Employed (Mo/Yr) From: To:	Specific Duties Performed & Percent of Time:
Address	Ending Salary	
Phone Number	Hours/Week:	
Reason for Leaving	Job Title	
	Supervisor	

2. Employer	Dates Employed (Mo/Yr) From: To:	Specific Duties Performed & Percent of Time:
Address	Ending Salary	
Phone Number	Hours/Week:	
Reason for Leaving	Job Title	
	Supervisor	

3. Employer	Dates Employed (Mo/Yr) From: To:	Specific Duties Performed & Percent of Time:
Address	Ending Salary	
Phone Number	Hours/Week:	
Reason for Leaving	Job Title	
	Supervisor	

4. Employer	Dates Employed (Mo/Yr) From: To:	Specific Duties Performed & Percent of Time:
Address	Ending Salary	
Phone Number	Hours/Week:	
Reason for Leaving	Job Title	
	Supervisor	

Comments (Including explanation of any gaps in employment): _____

EDUCATION

Type of Education	School Name & Location	Course of Study	# of Years Completed	Degree/Diploma
High School				
Technical School				
College				
Graduate/Other				

List job relevant volunteer or unpaid work experience and/or professional, trade, or business organizations you are a member of.

List all office machines you can operate as well as the software you are proficient in.

Describe any additional skills, qualifications, and/or training that you would like us to consider.

REFERENCES

List three people who are not related to you and who are in a position to discuss your qualifications for this position. The County reserves the right to contact all prior employers, educational institutions or other organizations you have listed in this application, in addition to references listed below.

Name	Occupation & Relationship	Address	Phone Number	# of Years Known

IMPORTANT INFORMATION FOR APPLICANTS FOR EMPLOYMENT WITH BROWN COUNTY

In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes 13.01 to 13.87), Brown County ("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 on you as an applicant for employment by a public agency is automatically public:

1. Your veteran's status
2. Your work availability
3. Relevant test scores
4. Your job history
5. Your education and training
6. Your rank on our eligible list

Private data is that information which is available to you, but not to the public.

The Minnesota Government Data Practices Act requires that you be informed that the following personal information which you are asked to provide on this Employment Application is considered private data:

1. Name (becomes public when certified as a "finalist")
2. Home address
3. Phone numbers
4. Email address
5. Age group

We ask this information for the following reasons:

1. To distinguish you from all other applicants and identify you in our personnel files.
2. To help us to be sure that you are the individual who makes the application.
3. To help us to contact you when more information is required, when we send you notices, and/or when we schedule you for interviews.
4. To see if you meet the minimum age requirements (if any).
5. To conduct proper background investigations needed when applying for a position.
6. To enable us to ensure your rights to equal opportunities for employment.
7. To meet federal and state reporting requirements.

Private data is available only to you and to other persons in the County who have a justified need for the data. 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.

Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Names of applicants remain private except when certified as eligible for appointment to a vacancy or when applicants are considered by the County to be finalists for a position. "Finalists" means a person who is selected to be given an interview as a final step prior to selection.

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.

By my signature below, I certify I have read (or had read to me) the information printed above and understand its meaning.

CERTIFICATION, ACKNOWLEDGMENT AND RELEASE

I certify the answers I have given on this application are true and correct to the best of my knowledge. I understand any false or misleading information provided in this application, on my resume, or made by me in an interview, 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 I may be required to have one or more: Background investigation (including, but not limited to, information concerning my academic background, credentials, credit, employment history, work habits, work performance, work experience, reasons for work termination, motor-vehicle record, or criminal record), physical exam, drug and alcohol test, TB screening, immunizations, and 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 professionals designated by the County, and release the County and its agents from any claim arising in connection with the use of such test(s). Positive results on drug and alcohol tests will result in ineligibility of employment, or if hired, discipline up to and including termination.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the County Board and until such approval that 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.

Signature _____

Date _____