



Houston County Application for Employment

Personnel Office - Houston County Courthouse
304 South Marshall Street - Caledonia, MN 55921
Phone: 507-725-5822 – Fax: 507-725-5590

APPLICATION PROCESS

Applications are accepted only for posted positions and a separate application must be completed for each position applied for. Your completed application and supplemental materials must arrive in the **Houston County Personnel Office by 4:30 p.m. on the published closing date.** Late applications will not receive further consideration. The Personnel Office cannot be responsible for failure of other agencies or postal services to forward applications by the deadline.

All applications will be reviewed **after** the closing date.

POSITION APPLIED FOR			DATE
LAST NAME	FIRST NAME	MIDDLE NAME	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE # ()	WORK TELEPHONE # ()		
E-MAIL ADDRESS (OPTIONAL):			

EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED A GED? YES <input type="checkbox"/> NO <input type="checkbox"/>				
NAME & LOCATION OF COLLEGE, UNIVERSITY, TECHNICAL OR OTHER SCHOOL	YEARS COMPLETED	DEGREE OR CERTIFICATE?	AREA OF STUDY/MAJOR	GRADUATE? Y OR N

PROFESSIONAL LICENSES/MEMBERSHIPS

LIST ALL REQUIRED LICENSES, REGISTRATIONS, CERTIFICATES, MEMBERSHIPS	EXPIRATION DATE	LICENSING AGENCY/ORGANIZATION

COMPUTER SKILLS

<input type="checkbox"/> PERSONAL COMPUTER	<input type="checkbox"/> MICROSOFT OFFICE PRODUCTS
<input type="checkbox"/> OTHER PROGRAMS (PLEASE LIST)	

Date

Position

Name

EMPLOYMENT HISTORY

Please give accurate and complete employment information. Volunteer experience should also be included. Start with present or most recent employer. Experience and training ratings are determined by the information you provide and your score is based upon it. Do not mark application "See Resume."

EMPLOYER NAME	TELEPHONE ()		MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	HRS/WK	FROM: MO. & YR. /	TO: MO. & YR. /
	TEMPORARY <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>			
CITY	STATE	ZIP CODE	HOURLY PAY START: END:	
SUPERVISOR'S NAME		SUPERVISOR'S TITLE		
YOUR JOB TITLE		REASON FOR LEAVING		
DESCRIPTION OF MAJOR DUTIES				PERCENT OF TIME
1.				%
2.				%
3.				%
4.				%

EMPLOYER NAME	TELEPHONE ()		MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	HRS/WK	FROM: MO. & YR. /	TO: MO. & YR. /
	TEMPORARY <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>			
CITY	STATE	ZIP CODE	HOURLY PAY START: END:	
SUPERVISOR'S NAME		SUPERVISOR'S TITLE		
YOUR JOB TITLE		REASON FOR LEAVING		
DESCRIPTION OF MAJOR DUTIES				PERCENT OF TIME
1.				%
2.				%
3.				%
4.				%

EMPLOYER NAME	TELEPHONE ()		MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS	FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	HRS/WK	FROM: MO. & YR. /	TO: MO. & YR. /
	TEMPORARY <input type="checkbox"/> VOLUNTEER <input type="checkbox"/>			
CITY	STATE	ZIP CODE	HOURLY PAY START: END:	
SUPERVISOR'S NAME		SUPERVISOR'S TITLE		
YOUR JOB TITLE		REASON FOR LEAVING		
DESCRIPTION OF MAJOR DUTIES				PERCENT OF TIME
1.				%
2.				%
3.				%
4.				%

YOU MAY SUPPLEMENT THIS INFORMATION BY ATTACHING ADDITIONAL SHEETS IF NECESSARY.
BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

ELIGIBILITY

Are you at least 18 years of age or if not, can you provide required proof of your eligibility to work?

YES NO

Are you a U.S. citizen or if not, do you have permission to work in this country?

YES NO

REFERENCES

Please list three professional or educational references that we may contact.

NAME	ADDRESS	DAYTIME TELEPHONE	OCCUPATION

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Houston County awards preference points to qualified veterans and spouses of deceased veterans to add to their application/exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. You must supply a copy of your DD214. Disabled veterans must also supply form FL 21-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the veteran's DD214 and FL 21-802 or death certificate.

Supporting documentation is: attached will be submitted within five (5) days of application deadline.

I AM APPLYING FOR VETERAN'S POINTS YES <input type="checkbox"/> NO <input type="checkbox"/>	VETERAN IS: SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/>	IF SPOUSE, VETERAN'S NAME:	
BRANCH OF SERVICE	PERIOD OF ACTIVE DUTY	FROM:	TO:
RANK AT DISCHARGE	TYPE OF DISCHARGE	DATE OF FINAL DISCHARGE:	SERVICE NO.
DO YOUR YEARS OF MILITARY SERVICE QUALIFY YOU FOR A PENSION? YES <input type="checkbox"/> NO <input type="checkbox"/>		DO YOU HAVE A COMPENSABLE SERVICE RELATED DISABILITY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PREFERENCE: <input type="checkbox"/> VETERAN <input type="checkbox"/> DISABLED VETERAN <input type="checkbox"/> SPOUSE OF DISABLED VETERAN <input type="checkbox"/> SPOUSE OF DECEASED VETERAN			

VETERAN CERTIFIES

AFFIDAVIT: I hereby claim veteran's preference for this application and certify that all the information given is true, complete and correct to the best of my knowledge

I hereby authorize the Veteran's Administration to release information necessary to process this application to the Houston County Personnel Office.

Signature _____ Date _____

CRIMINAL HISTORY BACKGROUND INFORMATION

The County may request information regarding criminal history in the event that you become a finalist for the position which you applying. For certain positions, criminal background investigations will be requested during the application stage. Further, the County will conduct a criminal background check on individuals upon making a conditional job offer. No offer of employment shall become final until receipt of the results of the criminal background check from the BCA or other agency, the content of which is acceptable to the County, and formal approval by the appointing authority.

YOUR RIGHTS AS A SUBJECT OF DATA – TENNESSEN WARNING

Minnesota Statutes 13.01 through 13.90 on data privacy require 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, racial/ethnic data, sex, age group, disability data.

This means the data is available only to you and County officials who have a bona fide need for it. This data will be used to identify you within the hiring process. Furnishing racial/ethnic data, disability data, age group, gender, date of birth & social security number is **voluntary**. Refusal to supply other requested information may mean your application will not be considered.

Your name will become public data when you are certified as eligible for 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 Houston County.

This application form is general in nature and may be augmented by a request for further information more specific to the position for which you are applying.

All materials submitted in support of your application become the property of Houston County and cannot be returned.

EQUAL OPPORTUNITY IN EMPLOYMENT

Houston County acknowledges that equal opportunity for all persons is a fundamental human value. Consequently, the County provides access and admission to employment opportunities without discrimination because of race, color, creed, age, religion, national origin, sex, sexual orientation, handicap, marital status, or public assistance status. Houston County requires its managers and supervisors to make all employment decisions on the basis of individual ability and merit, without discrimination or favor.

APPLICANT CERTIFIES

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that falsified statements on this application in any detail shall be considered sufficient cause for disqualification from further consideration for hire or for dismissal. I further understand that certain positions requiring professional licenses will require extensive verification of licensure and qualifications.

I authorize Houston County to make any investigation of my personal or employment history including criminal history and authorize any former employer, person, firm, corporation, credit agency, or government agency to give Houston County information they may have regarding me. In consideration of Houston County's review of this application, I release Houston County and all providers of information from any liability as a result of furnishing or receiving this information.

I further agree that, if employed, I will conform my conduct to Houston County's rules and regulations and understand that, unless otherwise specifically agreed to in writing, I have the right to terminate my employment at any time and that the County has the same right. I understand that no personnel recruiter, interviewer, or other representative of the County other than the Houston County Board of Commissioners has any authority to enter into any agreement for employment for any specified period of time. I understand nothing contained in this application or in granting of an interview, creates a contract between Houston County and myself for either employment or for the providing of any benefit. I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract, and further, that such manuals or handbooks may be modified at anytime at the sole discretion of the County.

I understand that certain positions within Houston County are required to comply with State and/or Federal drug and alcohol testing regulations. I further understand that my job offer and continued employment are contingent upon compliance with these regulations and all provisions.

I also understand that, upon acceptance of employment, a probationary period applies before transferring to regular employment status.

Applicant Signature _____

Date _____

VOLUNTARY INFORMATION (USED FOR REPORTING PURPOSES ONLY)

AGE 16-20 21-40 41-50 51 & OLDER **GENDER** MALE FEMALE

ETHNICITY

- WHITE:** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East (not of Hispanic origin).
- AMERICAN INDIAN OR ALASKAN NATIVE:** Persons having origins in N. America who maintain cultural identification through tribal affil. or community recognition.
- ASIAN OR PACIFIC ISLANDERS:** Persons having origins in the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- BLACK:** Persons having origins in any of the Black racial groups of Africa (not of Hispanic origin).
- HISPANIC:** Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin, regardless of race.

DISABLED

IF YOU HAVE A DISABILITY REQUIRING SPECIAL INTERVIEW/EXAM ACCOMMODATIONS, PLEASE EXPLAIN: _____

HOW DID YOU LEARN ABOUT THIS POSITION?

- | | |
|--|--|
| <input type="checkbox"/> SPRING GROVE HERALD | <input type="checkbox"/> FRIEND OR RELATIVE |
| <input type="checkbox"/> CALEDONIA ARGUS | <input type="checkbox"/> POSTED JOB ANNOUNCEMENT |
| <input type="checkbox"/> LA CROSSE TRIBUNE/WINONA DAILY NEWS | <input type="checkbox"/> STATE EMPLOYMENT OFFICE OR WEB SITE (specify state) |
| <input type="checkbox"/> ROCHESTER POST-BULLETIN | <input type="checkbox"/> HOUSTON COUNTY WEB SITE |
| <input type="checkbox"/> OTHER LOCAL NEWSPAPER | |
| <input type="checkbox"/> OTHER (please specify) _____ | |

THIS INFORMATION WILL BE REMOVED FROM YOUR APPLICATION
BEFORE YOU ARE CONSIDERED FOR EMPLOYMENT.
THANK YOU FOR YOUR PARTICIPATION.