

# COUNTY OF KANABEC

County Coordinator's Department

18 North Vine Street, Mora, MN 55051

PHONE: (320) 679-6440

## APPLICATION FOR EMPLOYMENT

### NOTICE TO THE APPLICANT

We welcome you as an applicant to the County of Kanabec. It is our policy to hire the most suitable person for the position. Kanabec County will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, sexual orientation, age, veteran status, marital status or status with regard to public assistance. Kanabec County will take Affirmative Action to insure that all employment practices are free of such discrimination.

**Complete all information, even if duplicated in a resume. Willful misrepresentation or falsifications in completing this employment application will disqualify the applicant.**  
**Please insert supplemental material inside this form. Do not use staples.**

<b>NAME</b>	First	Middle Init.	Last		List the telephone numbers where you can most easily be reached: AREA      NUMBER
	Street Address				
<b>CURRENT MAILING ADDRESS</b>	City		State	Zip	Home: ____/____-____
	Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO				Work: ____/____-____
For what position are you applying?				Other: ____/____-____	
Do you wish to claim veteran's preference in hiring? <input type="checkbox"/> YES <input type="checkbox"/> NO				Are you interested in?	
<p><b>If yes, you must complete and enclose the County of Kanabec "Claim for Veteran's Preference" form.</b>  <b>Forms are available at County Coordinator's Office.</b></p>				<input type="checkbox"/> . . . Full-time work <input type="checkbox"/> . . . Part-time work <input type="checkbox"/> . . . Temporary work <input type="checkbox"/> . . . Seasonal work	

### IMPORTANT FACTS ABOUT THE INFORMATION ON YOUR APPLICATION

This application is to assist in the process of considering you for possible employment with the County of Kanabec. Certain information requested on the application is private, that is, it may be released only to you or County Supervisors in a Department where you may be considered for employment. If you become employed with Kanabec County, the data will be available to the County Coordinator's Office, applicable Department Head and supervisor(s), union business office (when applicable), the Internal Revenue Service, Public Employees Retirement Association and the Social Security Administration. If you disagree with the data we have about you, contact the County Coordinator's Office by letter. The following chart is for reference only; **DO NOT** fill it in.

PRIVATE DATA	WHY WE ASK FOR IT	ARE YOU LEGALLY OBLIGATED TO PROVIDE IT?	WHAT MAY HAPPEN IF YOU DON'T PROVIDE IT?
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejection.
Address	To be able to send you notices	Yes	Failure to provide information may be cause for rejection.
Home Telephone	To be able to contact you to determine availability for interviews	No	You may not be able to be employed in jobs where you may be required to come to work on short notice.

How did you come to seek employment with Kanabec County?  
 (Newspaper, Job Service, friend, etc. If newspaper, which one?)

Have you ever applied to Kanabec County for work before?

YES

NO

If yes, give dates and title of position applied for:

Have you ever been employed by Kanabec County before?

YES

NO

If yes, give dates and position held:

Are you subject to a non-compete agreement by a present or former employer?

YES

NO

Is any additional information relative to change of name or nickname necessary to enable a check on your work and educational record? If yes, please explain:

YES

NO

If applying for a clerical/secretarial/office position, please enclose additional sheets describing your computer software experience and training, or list here.

## EDUCATION

How many years of schooling have you had: \_\_\_\_\_

Did you graduate?

Elementary School

NAME AND LOCATION

High School

NAME AND LOCATION

## COLLEGE

School Name and Location

No. of Years

Did You graduate?

If yes, your degree

Your major or course emphasis

GPA

## TECHNICAL SCHOOL

School Name and Location

No. of Months

Did You graduate?

If yes, degree or certificate

Nature of studies

GPA

## MILITARY

Branch of Service

Rank at separation

Duties in Service

Military Service Schools

# EMPLOYMENT INFORMATION

Are you employed at present?  YES  NO

May we contact your present employer?  YES  NO

Describe your experience below. List the most recent (or current) employer first, then the next most recent, and so forth (10 years minimum). Explain all gaps in employment. Use additional sheets if necessary.

EMPLOYMENT	Employer's Name:		Dates Employed	Supervisor's Name
	Street Name & No.		From: _____	
	City	State	Zip	To: _____
	Job Title:		Part Time <input type="checkbox"/>	Supervisor's Telephone:
	Nature of Duties		Full Time <input type="checkbox"/>	Ending Salary:
	Reason for Leaving:		Beginning Salary:	

EMPLOYMENT	Employer's Name:		Dates Employed	Supervisor's Name
	Street Name & No.		From: _____	
	City	State	Zip	To: _____
	Job Title:		Part Time <input type="checkbox"/>	Supervisor's Telephone:
	Nature of Duties		Full Time <input type="checkbox"/>	Ending Salary:
	Reason for Leaving:		Beginning Salary:	

EMPLOYMENT	Employer's Name:		Dates Employed	Supervisor's Name
	Street Name & No.		From: _____	
	City	State	Zip	To: _____
	Job Title:		Part Time <input type="checkbox"/>	Supervisor's Telephone:
	Nature of Duties		Full Time <input type="checkbox"/>	Ending Salary:
	Reason for Leaving:		Beginning Salary:	

EMPLOYMENT	Employer's Name:		Dates Employed	Supervisor's Name
	Street Name & No.		From: _____	
	City	State	Zip	To: _____
	Job Title:		Part Time <input type="checkbox"/>	Supervisor's Telephone:
	Nature of Duties		Full Time <input type="checkbox"/>	Ending Salary:
	Reason for Leaving:		Beginning Salary:	

Are you legally eligible to work in the United States?  
(Proof will be required on employment)

YES

NO

**ADDITIONAL COMMENTS:**

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## NOTES AND CONDITIONS

**Each of the following items becomes part of your application record by your signature.  
Be sure to understand these notes and conditions before signing.**

1. I voluntarily give Kanabec County the right to make a thorough investigation of my past employment, agree to cooperate in such investigation, and authorize all prior employers to supply such information to the full extent allowed by law. This waiver releases former employees from any claims of defamation for releasing such information.
2. I understand that Kanabec County may obtain an investigative consumer report on me.
3. If offered employment, I understand that I will be required to follow the personnel policies, department rules, and directives of the County Board of Commissioners, and any offer of employment is contingent on my producing verification of my right to work in the United States.
4. I understand that false or misleading information given in my application or interview(s) may result in disqualification or - in the event of employment - dismissal. I attest that the information provided in this application is true and correct to the best of my knowledge.
5. I understand that Kanabec County does not discriminate on the basis of marital status; however, the County will not employ any person in a position where she or he will be supervised, or evaluated by, his or her spouse.
6. I understand that some positions require pre-employment and future physical examinations. I consent to take the pre-employment physical examination, and such future examinations as may be required by Kanabec County at such times and places as the County may designate.
7. This document shall not be construed as a contract or offer of employment. Any offer of employment that may result will be that of an at-will employee.
8. Job offers are made by the Coordinator's Office only. No other employment offer is binding upon the County of Kanabec.
9. Kanabec County reserves the right to change its policies or otherwise alter conditions of employment without notice as the county deems appropriate.

**There is a grievance procedure available if you are not given proper consideration due to minority, disability or other protected status. Contact the County Coordinator's Office for information. By signing below, I indicate that I understand and agree to the above notes and conditions.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature