



GOODHUE COUNTY PUBLIC HEALTH SERVICE

512 West 6th Street • Red Wing, MN 55066

<http://www.co.goodhue.mn.us>

Mail or Bring applications to:

GOODHUE COUNTY HUMAN RESOURCE DEPT

509 West 5th Street – Room 103

Red Wing, MN 55066

Human Resource Dept: 651-385-3028 Fax: 651-385-3004

APPLICATION FOR EMPLOYMENT

To the Applicant:

We appreciate your interest in seeking employment with Goodhue County Public Health Service. Completing this application will assist us in understanding your work history and educational background. Goodhue County Public Health Service is an Equal Opportunity/Affirmative Action employer who values diversity. Goodhue County Public Health Service follows the principles of non-discrimination in employment, complying with all federal, state, and local laws and expects all Goodhue County Public Health Service employees to comply with such laws. Please contact us if you need assistance completing this application due to a disability or language difficulty.

A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH POSITION.
REVIEW THE QUALIFICATION REQUIREMENTS CAREFULLY.

Applications are accepted only for the job posted and **MUST BE POSTMARKED** by the closing date.

Position Applying for:	Date of Application:
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Social Security #	Last Name	First Name	MI
Present Mailing Address		City, State, Zip	
Home Phone	Work Phone	May we contact you at work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Former Last Name if Used on a Previous Application
Permanent Address if different from Mailing Address		City, State, Zip	

"PROMOTE, PRESERVE AND PROTECT THE HEALTH OF OUR COMMUNITIES"

This question must be answered before your application is considered complete.

During the past five (5) years, have you served a sentence in a jail or prison or been convicted of a misdemeanor or felony for which a jail sentence could have been imposed?

- Yes
- No

You may answer "No" to this question if the conviction or criminal records thereof have been annulled, sealed, set aside, or purged, or if you have been pardoned pursuant to law.

If you answered "**Yes**" to this question, please **complete the form on page 9**. A conviction will not necessarily disqualify you from employment unless directly related to the nature of the position applied for.

Are you age 18 or older? Yes No

Did you graduate from High School/receive a GED? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

U. S. Military Service

Are you applying for Veterans' preference points? Yes No

If you answered "Yes" please complete the information below and submit a copy of your DD214 or other official documentation.

Branch of Service _____ From _____ To _____

Rank and Type of Service _____

Training/Experience Received _____

For all positions with Goodhue County send your completed application to:

Goodhue County
Human Resource Department
509 W. Fifth Street – Room 310
Red Wing, MN 55066-2632

Note: The information you provide on this application will be used to determine if you meet the minimum qualifications for this position. The information must be specific and complete on or before the last day for filing, or your application may be rejected.

**A resume' and/or additional pages may be attached
But not accepted in lieu of the application.**

EDUCATION AND TRAINING

College, University, or Professional School (List all Undergraduate and Graduate Work) Name Address	Dates of Attendance (Mo. & Year) From To		# of Credits Qtr Sem		Degree Type Date AA,BS Rec'd		Major Field(s)
Business, Correspondence, Trade, Technical, or Vocational School Name Address	Dates of Attendance From To		Full Time	Part Time (Hrs/Week)	Cert Rec'd	Courses Taken	

Professional Licenses: If the position requires a license, certification, registration or similar credential, **attach a photocopy** of the credential and complete the below information.

Credentialing Organization	Profession	Number
<i>Example: MN Bd. of Nursing</i>	<i>RN</i>	<i>00000000</i>

If position requires driving:

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number	Expiration Date	Class
Have you had any moving violations in the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" explain:			

List any correspondence courses, seminars, workshops, training, and skills acquired or experiences that might relate to this position:

Keyboarding Ability: Yes No WPM: _____
What office machines or occupational equipment do you operate?

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Computer Skills:
(Include specific information and length of time regarding computer operation experience and specific hardware and software programs utilized.)

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WORK EXPERIENCE - Provide a complete description of all qualifying experience.

May we contact your present employer? Yes No

May we contact your previous employers? Yes No

List a complete account of your work experience.

- IMPORTANT: 1. Give your present or most recent experience first. Be sure to include all experience (both paid and volunteer) which is relevant to the position for which you are applying.
2. BE COMPLETE. Experience and training ratings are based on this information and your score may depend on it.
3. If the hours on a job vary, use the average number of hours per week. Part-time experience is prorated according to the number of hours worked, using a 40-hour workweek as the standard for full-time employment.
4. If you attach additional information sheets or a resume, include all of the information requested on the application, i.e. hours per week, exact dates of employment, and type of client population served, i.e. developmentally disabled, chemically dependent, et.
5. Indicate each promotional level of employment in a separate block.
6. Do not write "see prior applications".

		Length of Employment
Organization: _____ Type of Business: _____ Title: _____ Phone: _____ Reason for Leaving or Considering Leaving: _____ Your responsibilities: _____		From _____ Mo. Year To _____ Mo. Year Total _____ Years Mo. Hrs/Wk _____ Start Salary: _____ End Salary: _____ Immediate Supervisor: _____
Organization: _____ Type of Business: _____ Title: _____ Phone: _____ Reason for Leaving or Considering Leaving: _____ Your responsibilities: _____		From _____ Mo. Year To _____ Mo. Year Total _____ Years Mo. Hrs/Wk _____ Start Salary: _____ End Salary: _____ Immediate Supervisor: _____
Organization: _____ Type of Business: _____ Title: _____ Phone: _____ Reason for Leaving or Considering Leaving: _____ Your responsibilities: _____		From _____ Mo. Year To _____ Mo. Year Total _____ Years Mo. Hrs/Wk _____ Start Salary: _____ End Salary: _____ Immediate Supervisor: _____
Organization: _____ Type of Business: _____ Title: _____ Phone: _____ Reason for Leaving or Considering Leaving: _____ Your responsibilities: _____		From _____ Mo. Year To _____ Mo. Year Total _____ Years Mo. Hrs/Wk _____ Start Salary: _____ End Salary: _____ Immediate Supervisor: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY, BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

REFERENCES

Give Name, Address, and Telephone Number of three personal/professional references who are not related to you.

	Name	Address	Phone	Occupation	Years Known
1.	_____				
2.	_____				
3.	_____				

IMPORTANT FACTS ABOUT THE INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment with Goodhue County Public Health Service. Certain information requested on the application is private; that is, it may be released only to you or Goodhue County Public Health employees who may consider you for employment in their department. Names of applicants would become public when certified as eligible of appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position. All other information you supply on this application with the exception of that which is private data as indicated below will become public if Goodhue County Public Health Service hires you.

Private Data	Why We Ask For It	Are You Legally Obligated to Provide It?	What May Happen If You Don't Provide It?
Name/Address	To distinguish you from all other applicants; to be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview.	No	We may not be able to employ in certain jobs where you may be required to come to work or be interviewed on short notice.
Conviction Records	To determine whether we may accept an application from you if your conviction history may be job-related.	Yes	We will be unable to make the determination requested by law. Failure to provide relevant conviction information may be grounds for dismissal.
Special Accommodations	To determine whether you need special accommodations.	No	We will be unable to provide necessary accommodations in a timely manner.

If you have a disability or language difficulty that would prevent you from testing for a position under standard conditions, please contact the Human Resource Analyst so that reasonable effort can be made to accommodate your needs.

Information Disclosure Notice to Applicants

In accordance with Minn. Stat. 13, we must inform you of your rights as a subject of government data. The information you give us about yourself is needed to identify you within the hiring process and assist in determining your suitability for the position(s) for which you are applying.

The information that we collect about you is classified as either Public or Private. Public means that it is available to anyone who asks to see it. Private means that the information is available only to the person the information is about and to Goodhue County Public Health Service officials who have a bona fide need for it.

Data considered private: social security number, home address, home phone, driver's license number, relatives, sex, racial/ethnic data, disability status, and conviction record. Furnishing racial/ethnic data is **voluntary**. Refusal to supply other requested information may mean your application may not be considered.

Your name is considered private until you are certified as eligible for appointment to a vacancy or considered as a finalist. Answers to the questions of name, address, and conviction record are legally obligated. Failure to provide the information may be cause for rejecting an application. Providing other private data is not legally obligated; however, not providing the information may impede the hiring process.

All other information on the application is public.

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 Goodhue County Public Health Service and cannot be returned.

Equal Opportunity and Affirmative Action In Employment

Goodhue County Public Health Service will not discriminate against or harass, nor permit the discrimination against or harassment of, any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance. Any employee of Goodhue County Public Health Service, or contractor to this agency, who does not comply with the Equal Employment Opportunity policies and procedures as set forth in this statement and plan will be subject to disciplinary action and/or appropriate legal sanctions. You have the right to complain if you feel you have been discriminated against because of race, color, national origin, religion, sex, sexual orientation, age, marital status, public assistance or because of communicative, physical, mental, or emotional disability. Complaints may be registered with: EEO Officer, David Hamilton, County Administrator, Government Center, 509 West Fifth St., Room 310, Red Wing, MN 55066; Phone (651) 385-3001.

Applicant Certifies

I certify that this application contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or falsification on this application in any detail shall be considered sufficient cause for disqualification from further consideration for hire or for dismissal. I also understand that certain positions requiring professional licenses will require extensive verification of licensure and qualifications

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

I understand that under Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, "I cannot be discriminated against in employment, including consideration for promotion, for reasons of race, color, religion, national origin, sex, or on the basis of age, physical, or mental handicap."

I further agree that, if employed, I will conform my conduct to Goodhue County Public Health Service'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 Goodhue County Public Health Service has the same right. I understand that no personnel recruiter, interviewer or other representative of Goodhue County Public Health Service other than the Goodhue County Public Health Service administrator or the Goodhue County Public Health Board 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 Goodhue County Public Health Service 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 Goodhue County Public Health Service.

I understand that during my first three months of hire, I agree to complete a pre-employment physical examination by a physician or nurse practitioner. In addition, I agree to comply with all Mantoux testing and immunization requirements per the Center for Disease Control (CDC) requirements and recommendations. A copy of the entire Goodhue County Public Health Service Human Resource Policy and Procedure Manual is available for inspection during regular business hours.

Signature: _____ Date: _____

Goodhue County Administration Department Use Only

Position Posting Date _____ Position Closing Date _____

Veterans Preference Points _____

Arrange Interview Yes____ No____

Interviewed by (1) _____ (2) _____

County Board Authorization Date _____

Employed Yes ____ No ____ Starting Date _____

Position Title _____ Department _____

Starting Range and Step _____

New Hire Letter Sent _____

Rejection Letter Sent _____

Date completed by Administrative Department _____

Name (Last, First, Middle): _____

Title of Position Applied For: _____

The Information Requested Below Will Be Reviewed/Retained by Human Resources Staff Who Need It to Process Your Application.

Have you ever been convicted, placed on probation, or been imprisoned because of any violation of the law?

Yes No

If yes, fill in below. Do not list minor violations for which a jail sentence could not have been imposed or juvenile offenses. If more space is needed, use a separate sheet of paper.

Convictions are not an automatic bar from employment. Each case is considered on its individual merits and the type of work applied for. However, false statement or withholding information will result in your being barred from appointment or removed from employment.

<u>Charge</u>	<u>Date</u>	<u>Place of Prosecution</u>	<u>Penalty</u>