



APPLICATION FOR EMPLOYMENT

Goodhue County
509 West Fifth Street
Room 104
Red Wing, MN 55066

Human Resource Dept: 651-385-3028

Fax: 651-385-3004

www.co.goodhue.mn.us

Dear Applicant:

Goodhue County welcomes you as an applicant for employment. Your application will be considered with others in competition for this vacancy. It is the policy of Goodhue County to provide equal opportunity in employment. This applies to origin, political affiliation, disability, marital status, personal life style, gender or age in all aspects of Goodhue County's personnel policies, programs, practices and operations. This policy applies to all full-time, part-time, temporary and seasonal employment.

The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment with Goodhue County. Please furnish us with complete information. You are encouraged to attach any additional information that you believe qualifies you for the position.

TENNESEN WARNING (Data Practices Advisory)

As an applicant for employment with Goodhue County, I have voluntarily supplied true and complete data about myself which may be public and/or private in nature. I understand that, as part of the selection process, I am requested to supply this information. I understand that failure to provide accurate and adequate data may disqualify me from further consideration.

I further understand that this information will be used by Goodhue County to aid in the determination of my suitability for employment.

I, therefore, waive my right to claim and hereby agree to hold harmless Goodhue County and any of its agents or employees for any injury or damage which I may experience as a direct or indirect result of the intended use of this information.

It is understood and acknowledged that, unless otherwise defined by applicable law, labor union contract or other written agreement, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause.

I authorize investigation of all statements contained in this application (and accompanying resume, if any). I understand that the misrepresentation, or the omission of facts called for, will result in immediate termination or disqualification.

Signature _____ Date _____

PLEASE TYPE OR PRINT
PLEASE PROVIDE ALL INFORMATION REQUESTED

Position(s) applied for:	Date of Application
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Last Name	First Name	M.I.	
Address	City	State	Zip
Telephone Number(s)		Social Security Number	
Driver's License Number	Class	State of Issue	

Have you ever been employed with us before? Yes No

On what date are you available to work? _____

Are you available to work: Full Time Part Time Temporary

	Name and Location of School	Area of Study	Years Completed	Did You Graduate	Degree Received
High School					
College					
Graduate School					
Other (Specify)					

Specialized Skills

_____ Personal Computer _____ Windows _____ Fax Machine _____ Mail Machine _____ Internet	_____ Microsoft Office Products <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access <input type="checkbox"/> Publisher <input type="checkbox"/> Outlook _____	_____ Typing Speed (Mandatory for Dispatcher) Other Programs (List Below) _____ _____ _____ _____ _____
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Employment Experience

Start with your present or most recent employer. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

While a resume may be attached to provide additional information, do not write see resume without filling in as much information as possible.

Employer	Dates Employed	
Address	Start	Current/Final
City, State and Zip	\$	\$
Telephone Number(s):		
Job Title	Supervisor	
Reason for Leaving		
Work Performed		

Employer	Dates Employed	
Address	Hourly Rate	
	Start	Final
City, State and Zip	\$	\$
Telephone Number(s):		
Job Title	Supervisor	
Reason for Leaving		
Work Performed		

Employer	Dates Employed	
Address	Hourly Rate	
	Start	Final
City, State and Zip	\$	\$
Telephone Number(s):		
Job Title	Supervisor	
Reason For Leaving		
Work Performed		

Employer	Dates Employed	
Address	Hourly Rate	
	Start	Final
City, State and Zip	\$	\$
Telephone Number(s):		
Job Title	Supervisor	
Reason For Leaving		
Work Performed		

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

Please describe any unsalaried experience you feel would help us in considering your application:

References

Name	Telephone Number
Occupation	Relationship

Name	Telephone Number
Occupation	Relationship

Name	Telephone Number
Occupation	Relationship

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

Training

Please describe any specialized training, workshops or conferences you have attended that make you qualified for this position:

Certification, Acknowledgement and Release

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for immediate dismissal should I be employed by Goodhue County.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Goodhue County Board of Commissioners and that until such approval that Goodhue 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 all former employers, organizations where I have volunteered and references named in this application, or any agent of such a former employer or volunteer organization, to release to Goodhue 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 Goodhue 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 acknowledge that, unless otherwise defined by applicable law, any employment relationship with Goodhue County is of an “at will” nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I hereby release Goodhue County and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of Goodhue County, former employers and volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Signature _____ Date _____

GOODHUE COUNTY HUMAN RESOURCE DEPARTMENT USE ONLY

Name _____

Position Posting Date _____ Position Closing Date _____

Arrange Interview Yes _____ No _____ Rejection Letter Sent _____

Employed Yes _____ No _____ Date of Employment _____

County Board Authorization Date _____

Position Title _____ Department _____

Starting Range and Step _____

Date completed by Human Resource Dept _____

HOW DID YOU LEARN ABOUT THIS POSITION? (CHECK ONE)

RED WING REPUBLICAN EAGLE

OTHER NEWSPAPER _____

GOODHUE COUNTY POSTING GOODHUE COUNTY JOBLINE

OTHER JOBLINE _____

WEB PAGE (SPECIFY) _____

STATEWIDE POSTING ON COUNTY SYSTEM

FRIEND/RELATIVE (and they heard about it from Radio Newspaper Job line)

OTHER: _____

VOLUNTARY INFORMATION

THIS INFORMATION IS VOLUNTARY AND IS USED FOR REPORTING PURPOSES ONLY

TITLE OF POSITION APPLIED FOR _____

MONTH/YEAR _____

PLEASE CHECK

AGE: 16-20 21-40 41-50 51 and Older

GENDER: Male Female

RACE:

- WHITE (NOT OF HISPANIC ORIGIN)-INCLUDING PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.

- AMERICAN INDIAN OR ALASKIAN NATIVE-ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF NORTH AMERICA OR WHO MAINTAIN IDENTIFIABLE TRIBAL AFFILIATIONS THROUGH MEMBERSHIP AND PARTICIPATION OR COMMUNITY RECOGNITION.

- ASIAN OR PACIFIC ISLANDERS-ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUBCONTINENT OF THE PACIFIC ISLANDS.

- BLACK-ALL PERSONS HAVING ORIGINS IN ANY OF THE BLACK AFRICAN RACIAL GROUPS; NOT OF HISPANIC ORIGIN.

- HISPANIC-ALL PERONS OF MEXICAN, PUERTO RICAN, CUBAN OR SOUTH AMERICAN OR OTHER SPANISH CULTURE OR ORIGIN REGARDLESS OF RACE.

DISABLED

Under the Americans with Disabilities Act and with respect to an individual, the term disability means; a person who has a physical or mental impairment that substantially limits one or more life activity; has a record of such impairment; or is regarded as having such impairment.

“Substantially limiting” means the degree that impairment affects employability. “Disabled Individual” does not include an alcohol or drug abuser whose current use of alcohol or drugs renders that individual a hazard to the individual or others.

If you have a disability requiring special test accommodations please explain: _____

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