

**COUNTY OF CLEARWATER**  
**APPLICATION FOR EMPLOYMENT**

**I. EQUAL EMPLOYMENT OPPORTUNITY**

It is the policy of Clearwater County to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

**II. DATA PRIVACY NOTICE**

The information requested on this application is intended to be used by Clearwater County in determining suitability for employment for the position which you are currently seeking or may seek in the future. If hired, the information may later be used for consideration for other positions, verification of employment history or disciplinary action in the event that the information provided is not truthful. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in Clearwater County being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, Clearwater County may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act (MGDPA) will not be released outside of Clearwater County without your consent except as necessary for tax purposes or as otherwise required by state or federal law. Information which is classified as public data will be released pursuant to the terms of the MGDPA.

**III. POSITION DESIRED**

Title of position for which you are applying: \_\_\_\_\_  
Date Available to Begin Employment: \_\_\_\_\_

**IV. PERSONAL DATA**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Alternate Phone \_\_\_\_\_  
Street City State Zip

Are you either a U.S. citizen or otherwise legally eligible to hold employment in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously worked for Clearwater County? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, position held/department: \_\_\_\_\_

If yes, under what name may your previous employment records be found? \_\_\_\_\_

**If you have any special needs which may necessitate accommodations in the application or interview process, please contact the Human Resources Department to make a request.**

List all other names under which you have been employed or under which your employment or educational records may be found:

\_\_\_\_\_

\_\_\_\_\_

**V. WORK/VOLUNTEER EXPERIENCE**

List **all** work experience, whether or not relevant to this position, and all relevant volunteer experience, most recent to be listed first.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**VI. LICENSURE**

List current licenses, registrations, or certificates relevant to the position for which you are applying.

<u>License/No.</u>	<u>Issued By</u>	<u>Date</u>	<u>Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*All applicable licenses or certifications must be received in the Personnel Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.*

**VII. EDUCATION**

Include high school and/or institution issuing GED and any additional education/courses taken.

Do not list dates of attendance for high school. List most recent first.

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

List/describe any other training and/or experience relevant to the position for which you are applying:

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**VIII. REFERENCES:** These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. Clearwater County reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

**IX. CRIMINAL BACKGROUND INFORMATION**

Clearwater County will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions, criminal background information will be requested during the application stage. Further, Clearwater County may conduct a criminal background check on individuals upon making a contingent job offer. Please refer to the job description for this position to determine if such a check will be conducted. If the job description or other application material states that a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to Clearwater County, and formal approval by the appointing authority.

**X. VETERANS STATUS**

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran’s Preference Points? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you the spouse of deceased honorably discharged veteran or disabled veteran who is unable to work due to such disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish to claim Veteran’s Preference Points? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are a disabled veteran and wish to claim additional points, please check here. \_\_\_\_\_

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attached DD218 form or forward it within five (5) business days. If you receive a passing score, you will be shown your score upon request.

**XI. PRIOR EMPLOYMENT**

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, identify the employer and describe the circumstances:

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**XII. PERSONAL STATEMENT**

Please indicate why you are interested in the position and what you hope to accomplish if you are selected:

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**XIII. UNEXCUSED ABSENCE FROM WORK**

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family? \_\_\_\_\_

**XIV. CERTIFICATION, ACKNOWLEDGMENT 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 my immediate dismissal should I be employed by Clearwater County.

**I understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the Clearwater County Board or the appointing authority referenced in the job description and that until such approval that Clearwater 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 Clearwater 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 Clearwater 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** Clearwater County and all former employers, volunteer organizations and reference 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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

(Do Not Print)

**XV. TENNESSEN WARNING**

In accordance with the Minnesota Government Data Practices Act, Clearwater County is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications for Clearwater County job openings.

You are not required to provide this information; however, it is necessary to determine if you qualify for employment. Disclosure of your social security number is voluntary unless you are hired. If hired you must disclose it in order to be in compliance with state and federal tax withholding laws. If you do not supply the required information, Clearwater County will not be able to consider you for employment. The use of the private data we collect is limited to that necessary for the administration and management of the county hiring process. Persons or agencies with whom this information may be shared include:

1. Personnel Department employees.
2. Central Administration employees.
3. Heads of department where job openings occur.
4. Supervisors in department where job openings occur.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained on you,
2. Be told the contents and meaning of the data,
3. Contest the accuracy and completeness of the data.

To exercise these rights, contact: Clearwater County Personnel Officer

I have read and understand the above information regarding my rights as a subject of government data.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**XVI. EQUAL EMPLOYMENT OPPORTUNITY DATA**

Clearwater County is an equal opportunity employer. We are committed to the policy of equal employment opportunity in recruitment, hiring, career advancement and all other personnel practices. To help us comply with Federal/State equal employment opportunity record keeping, reporting and other legal requirements, please answer the questions below. This form will be kept in a confidential file separate from the attached application for employment.

Date mm/dd/yyyy: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Referred by: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Birth Date mm/dd/yyyy: \_\_\_\_\_ Age: \_\_\_\_\_

Race/Ethnic Group: White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_  
American Indian/Alaskan Native \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Is there any reason why you would be unable to do the essential functions of the job?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_