

# WRIGHT COUNTY

## PERSONNEL DEPARTMENT

WRIGHT COUNTY GOVERNMENT CENTER

10 2<sup>nd</sup> Street NW, ROOM 235, BUFFALO, MN 55313-1188

DIRECT: 763/682-7378 FAX: 763/682-6178

TOLL FREE: 800/362-3667 JOB LINE: 763/682-7454 WEBSITE: [www.co.wright.mn.us](http://www.co.wright.mn.us)

### GENERAL DATA

Position Applying For: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

#### WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING

Regular Full-time \_\_\_\_\_ Temporary Full-time \_\_\_\_\_  
Regular Part-time \_\_\_\_\_ Temporary Part-time \_\_\_\_\_  
Seasonal \_\_\_\_\_ Internship \_\_\_\_\_

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

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

### EDUCATION

Did you graduate from high school or receive a General Education Degree (GED)? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate the last year of schooling you completed. Please count only full years completed and received credit for.

7 8 9 10 11 12 / 13 14 15 16 / Masters / JD / PhD

Secondary Undergraduate Post Graduate

Name and Location of College, University or Professional School	Dates Attended	Credits Earned	Degree Received	Major / Minor

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

License/Certification Number	Issued By	Date / Expiration

**WRIGHT COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**

### **WORK EXPERIENCE**

Experience and training ratings are determined by the information provided on the application including internships. Please be as specific and complete as you can in the description of duties and percent of time spent on the duties. **DO NOT STATE "SEE RESUME"**. List each promotion and/or transfer as a separate job. If needed, please attach additional sheets. Any attached sheets are to comply with the form of this application. If the hours worked per week varied, use an average. When listing duties, list the 5 most important or most frequently performed. Resumes, work samples, and letters of recommendation may be attached. Please list employers in chronological order beginning with the most recent or current employer. Also include internships in work experience area below.

Employer: _____		<u><b>LENGTH OF EMPLOYMENT</b></u> From: _____ To: _____ Total: _____ Years/Months  Hours worked each week: _____ Ending Salary: _____ Number Supervised: _____ Reason for Leaving: _____ _____
Address: _____ City: _____ St: _____ Zip: _____		
Position/title: _____ Supervisor Name: _____		
Phone Number: _____ May we contact: Yes ___ No ___		
DUTIES	% of Time	
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Employer: _____		<u><b>LENGTH OF EMPLOYMENT</b></u> From: _____ To: _____ Total: _____ Years/Months  Hours worked each week: _____ Ending Salary: _____ Number Supervised: _____ Reason for Leaving: _____ _____
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DUTIES	% of Time	
1. _____		
2. _____		
3. _____		
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5. _____		

Employer: _____		<u>LENGTH OF EMPLOYMENT</u>	
Address: _____ City: _____ St: _____ Zip: _____		From: _____	
Position/title: _____ Supervisor Name: _____		To: _____	
Phone Number: _____ May we contact: Yes ___ No ___		Total: _____ Years/Months	
<b>DUTIES</b>		Hours worked each week: ___	
1. _____		Ending Salary: _____	
2. _____		Number Supervised: _____	
3. _____		Reason for Leaving: _____	
4. _____		_____	
5. _____			

  

Employer: _____		<u>LENGTH OF EMPLOYMENT</u>	
Address: _____ City: _____ St: _____ Zip: _____		From: _____	
Position/title: _____ Supervisor Name: _____		To: _____	
Phone Number: _____ May we contact: Yes ___ No ___		Total: _____ Years/Months	
<b>DUTIES</b>		Hours worked each week: ___	
1. _____		Ending Salary: _____	
2. _____		Number Supervised: _____	
3. _____		Reason for Leaving: _____	
4. _____		_____	
5. _____			

**RELEVANT VOLUNTEER AND UNPAID EXPERIENCE (include internships as work experience)**

Type of Volunteer Activity	Organization	Number of Hours Each Week	From	To

**COMPLETE THIS SECTION AND INDICATE THE NUMBER OF YEARS OF EXPERIENCE FOR EACH AREA.**

CLERICAL SKILLS	ACCOUNTING	OFFICE MACHINES	SOFTWARE APPLICATION
Customer Service _____	Accounts Payable _____	10-Key _____	Auto CAD _____
Data Entry _____	Accounts Receivable _____	Copier _____	Eagle Point _____
Filing _____	Bank Reconciliation _____	Fax _____	GIS _____
Receptionist _____	Cash Balancing _____	Imagers _____	Power Point _____
Minute Taking _____	Financial Statement _____	Scanners _____	Publisher _____
Transcription _____	Payroll _____	Transcription _____	MS Word _____
	Trial Balance _____	Typing WPM _____	Excel _____

List any other skills you have relative to the position you are applying for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVING RECORD INFORMATION**

Do you have a valid MN Driver's License? \_\_\_\_\_ Class \_\_\_\_\_ Number \_\_\_\_\_

List endorsements: \_\_\_\_\_

Have you had any moving violations in the last 5 years? \_\_\_\_\_ If yes, indicate violation(s) and date(s) of occurrence:  
\_\_\_\_\_

**I declare that the information provided on this application and on any attachments are true and accurate to the best of my knowledge. Furthermore, I understand that false or misleading information provided herein may result in my immediate dismissal from any position gained on the basis of fraudulent information.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**Release of Information**

In conjunction with my application for employment, I authorize the representative of Wright County to conduct an inquiry into any job-related information contained in my application, including but not limited to, present and former employers, performance evaluations, and records maintained by educational institutions relating to academic performance. Please release to the Wright County Personnel Department any and all personnel data required for a period of up to twelve months from date of this request, as designated below.

- yes  no Present employer(s) may be contacted.  
 yes  no Previous employer(s) may be contacted.

I also release you from any liability in providing information to Wright County if done in good faith and without malice concerning my professional competence and qualifications.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**BE SURE YOU HAVE:**

1. SIGNED YOUR APPLICATION.
2. ATTACHED ALL REQUESTED AND/OR REQUIRED MATERIAL.
3. PROVIDED COMPLETE AND ACCURATE INFORMATION.
4. IF A VETERAN, COMPLETE VETERAN'S PREFERENCE CLAIM FORM AND ATTACH A COPY OF YOUR DD214.

*THIS APPLICATION AND ALL ADDITIONAL MATERIAL SUBMITTED WILL BECOME THE PROPERTY OF WRIGHT COUNTY AND WILL NOT BE RETURNED. YOU SHOULD NOT SUBMIT YOUR ORIGINAL OR ONLY COPY OF ANY DOCUMENT.*

**DISABILITY STATUS**

A person with a disability is defined by the Americans with Disabilities Act as:

1. Having a physical or mental impairment which substantially limits one or more major life activities. \*
2. Having a record of such as impairment.
3. Being regarded as having such impairment.

\*Major life activities include such things as caring for oneself, performing manual tasks, walking, talking, and hearing, seeing, speaking, breathing, learning, concentrating, thinking, communicating, and working. Temporary, non-chronic impairments of short duration, with little or no long-term impact, are usually not disabilities. A visual problem which has been corrected by glasses is usually not a disability. Veterans who are rated as "disabled" by the Veterans Administration are not automatically "disabled" under this definition.

## CRIMINAL BACKGROUND INFORMATION

For certain positions, criminal background information will be requested during the hiring process. Further, the County may conduct a criminal background check on individuals upon making a contingent 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 has been granted by the appointing authority.

## VETERAN'S PREFERENCE

### Eligibility:

A person who is eligible to receive a monthly veteran's pension based on length of service will not qualify for preference. To qualify for preference for a competitive exam, you must have been separated under honorable conditions from any branch of the armed forces of the United States, after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty or meet the minimum active duty requirements for eligibility for federal veterans benefits, and be a United States citizen; or be the spouse of a deceased veteran; or be the spouse of a disabled veteran who, because of such disability, is unable to qualify or earn a living. To qualify for preference on a promotional exam, you must be entitled to disability compensation for a permanent service connected disability rate of 50% or more, or be the spouse of a veteran who is rated at 50% or more disabled and who, because of such disability, is unable to qualify or earn a living. Persons eligible for such preference may use it only for the first promotion after securing public employment.

If you meet the eligibility requirements above, complete this form and **attach a copy of your DD214 form**. DD214 forms must be submitted by the closing deadline for accepting applications for the position you are applying for.

NAME OF VETERAN:

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

Birthdate (mm/dd/yy): \_\_\_\_\_ Address: \_\_\_\_\_

Did the veteran serve on active duty without interruption for 181 days or more? Yes \_\_\_\_\_ No \_\_\_\_\_

If the veteran served on active duty for a period of less than 181 consecutive days, does the veteran meet the minimum active duty requirements for eligibility for federal veteran's benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the veteran a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of entry into active service (mm/dd/yy): \_\_\_\_\_ Branch: \_\_\_\_\_

If reserve unit, submit evidence of service of 181 or more consecutive days.

Date of release from active duty (mm/dd/yy): \_\_\_\_\_

Type of separation: Honorable: \_\_\_\_\_ Medical: \_\_\_\_\_ Other: \_\_\_\_\_

Are you now receiving or are you eligible to receive a monthly pension based on length of military service? Yes \_\_\_\_\_ No \_\_\_\_\_

Disability claim number: \_\_\_\_\_ Percent of service connected disability: \_\_\_\_\_ Currently existing: Yes \_\_\_\_\_ No \_\_\_\_\_  
State in which filed: \_\_\_\_\_

For spouse of deceased veteran: ATTACH Marriage license, Death certificate, and DD214 form.

Date of Death (mm/dd/yy): \_\_\_\_\_ Have you remarried? Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby claim veteran's preference for this position and affirm the information on this document is true and correct. I also authorize the release of necessary information by the Veterans Administration to Wright County Personnel Department.

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

Social Security Number \_\_\_\_\_

## AFFIRMATIVE ACTION APPLICANT'S FLOW INFORMATION

### To All Applicants:

The following information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. The information will not be maintained in the personnel files and it will not be made available to any person involved in decisions affecting an individual's appointment or promotion to a position. Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the recruitment and selection of employees for public service.

Name \_\_\_\_\_

Date \_\_\_\_\_

Position Applying For \_\_\_\_\_

1. What sex are you?

Male \_\_\_\_\_ Female \_\_\_\_\_

2. Of the following, of what racial/ethnic group do you consider yourself?

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Black

\_\_\_\_\_ Asian and Pacific Islander

\_\_\_\_\_ Hispanic

\_\_\_\_\_ White

\_\_\_\_\_ Other

3. Do you have a disability?

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

4. How did you learn about this job opening?

\_\_\_\_\_ Newspaper

\_\_\_\_\_ Minority or Female Publication/Organization

\_\_\_\_\_ School

\_\_\_\_\_ County Employee

\_\_\_\_\_ MN Workforce Center

\_\_\_\_\_ Wright County Website

\_\_\_\_\_ Wright County Job Line

\_\_\_\_\_ Walk In

\_\_\_\_\_ Posting in Courthouse

\_\_\_\_\_ Other

The Minnesota Government Data Practices Act (Minnesota Statutes 13.01-13.90) has two sections that affect you as an applicant for employment at Wright County.

**FIRST**, under “Right of Subjects of Data” (Minnesota Statute 13.04), when you are asked to provide us with data about yourself, we must tell you:

- A) **The purpose and intended use of the data;**
- B) **Whether you may refuse or are legally required to supply the requested data;**
- C) **Any known consequence arising from your supplying or refusing to supply the data; and**
- D) **The identity of other persons or organizations authorized by state or federal law to receive the data you provide.**

**SECONDLY**, under “Personnel Data” (Minnesota Statute 13.43), the following data on you as an applicant for employment by a public agency is automatically public\*:

- A) **Your veteran’s status;**
- B) **Relevant test scores;**
- C) **Your rank on our eligible list;**
- D) **Your job history;**
- E) **Your education and training; and**
- F) **Your work availability.**

As an applicant, your name is considered private\*\* until you are certified as eligible for appointment to a vacancy or when applicants are considered by the appointing authority to be finalists for a position in public employment. “Finalist” means an individual who is selected to be interviewed by the appointing authority prior to selection.

**If you are hired, the following additional data about you will be public\*:**

- A) **Name; employee ID#; actual gross salary; salary range; terms and conditions of employment relationship; contract fees; actual gross pension; the value and nature of employer paid fringe benefits; and the basis for and the amount of any added remuneration, including expense reimbursement, in addition to salary;**
- B) **Job title and bargaining unit; job description; education and training background; and previous work experience;**
- C) **Date of first and last employment;**
- D) **The existence and status of any complaints or charges against the employee, regardless of whether the complaint or charge resulted in disciplinary action;**
- E) **The final disposition of any disciplinary action together with the specific reasons for the action and data documenting the basis of the action, excluding data that would identify confidential sources who are employees of the public body;**
- F) **The terms of any agreement settling any dispute arising out of an employment relationship, including a buyout agreement; except that the agreement must include specific reasons for the agreement if it involves the payment of more than \$10,000 of public money;**
- G) **Work location; a work telephone number; badge number; work-related continuing education; honors and awards received; and**
- H) **Payroll time sheets or other comparable data that are only used to account for employee’s work time for payroll purposes, except to the extent that release of time sheet data would reveal the employee’s reasons for the use of sick or other medical leave or other non-public data.**

\* **“Public” means that it is available to anyone who asks to see it.**

\*\* **“Private” information is available only to the person it is about and to the staff who must use it in the normal course of conducting county business.**

The data concerning you which is placed in your application folder or your Personnel file and which is not listed above is private data. This private data will be shared with you and those members of County staff who need it to process the application, update your personnel record, evaluate your work performance, and if you are handicapped, provide the necessary accommodations. In addition, the following persons or organizations are authorized by state or federal law to receive this private data if they so request:

- The Bureau of Census
- Federal, State, and County Auditors
- The State Department of Human Services in regard to locating parents who have deserted their children
- The Department of Human Rights
- Federal Officials investigating the compliance of Affirmative Action and Equal Employment Opportunities
- Labor organizations to the extent that the County determines the release of personnel data is necessary to conduct elections, notify employees of fair share fee assessments, and implement the provisions of the Minnesota Labor Relations Statute.
- Labor organizations and the Bureau of Mediation Services to the extent ordered or authorized by the Director of the Bureau of Mediation Services.

With the exception of racial and ethnic data, the data you give us about yourself is needed to identify you and to assist in determining your suitability for the position for which you are applying. Racial and ethnic data are used in summary form by the County’s Affirmative Action Program to monitor protected class employment and to meet federal, state, and local reporting requirements. Furnishing racial and ethnic data about yourself, as well as your social security number, is voluntary. You are not legally required to supply any of the data we ask for on your application, but if you choose to withhold any data other than racial, ethnic, or your social security number, we cannot consider you for employment. If you do provide the data, your application will be considered and, if you are employed, the data you have given us as an applicant will become part of your employee record.