



**HUBBARD COUNTY
Employment Application**

Coordinator's Office
301 Court Ave ♦ Park Rapids, MN 56470-1483
Phone (218)732-2310 ♦ FAX (218)732-2318
Email: dthompson@co.hubbard.mn.us

Thank you for expressing interest in employment with Hubbard County. Hubbard County is an equal opportunity employer and does not discriminate on the basis of race, color, creed, national origin, sex, religion, marital status, sexual orientation, status with regard to public assistance, age, or disability with regards to employment practices or provision of services. Complete a separate application for each position applied for unless otherwise directed by the Coordinator's Office. Hubbard County retains applications for one (1) year. Applications that are not completed may be rejected.

PLEASE PRINT IN INK OR TYPE

Date: _____

*****signature on last page is required for application to be considered*****

PERSONAL INFORMATION

Name: _____

First Name

Middle name

Last name

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Social Security Number: _____

Alternate Phone: _____ Are you 18 years of age or older? [] Yes [] No

E-mail address: _____ *Employment Results: Applicant will be notified via e-mail provided, all others may contact the Coordinator's Office.*

Are you either a U S citizen or legally eligible to hold employment in the United States? [] Yes [] No

Have you previously worked for the County? [] Yes [] No If yes, position held/department: _____

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

How did you happen to apply for a position here? _____

List all other names under which you have been employed or under which your employment or educational records may be found. (*Maiden, Alias or Former*) _____

POSITION(S) INTERESTED IN: _____

Date Available: _____ Wages desired: _____ What type of employment are you seeking?

Regular: Full-time [] Part-time [] **Temporary:** Full-time [] Part-time [] **On-Call** []

If currently employed, may we contact your present employer? [] Yes [] No If no, why not? _____

PERSONAL STATEMENT

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

EDUCATION

Have you graduated from high school or received a GED? [] Yes [] No

Name of high school attended or institution issuing GED: _____

Name and location of college, technical, military, professional, business, trade or other school	Degree/Certificate Obtained	Major/Minor

EMPLOYMENT and/or VOLUNTEER EXPERIENCE

List **all** work experience, whether or not relevant to this position, and all relevant volunteer experience. Start with present or most recent employer. **Do not mark application "See Resume"**. Additional employment history may be added separately if necessary.

Employer Name		Telephone ()	
Address			
Supervisor's Name & Title		Wages Start	End
Your Job Title	Reason for Leaving		
Description of Major Duties			Percent of Time
1.			%
2.			%
3.			%
4.			%
5.			%

Employer Name		Telephone ()	
Address			
Supervisor's Name & Title		Wages Start	End
Your Job Title	Reason for Leaving		
Description of Major Duties			Percent of Time
1.			%
2.			%
3.			%
4.			%
5.			%

Employer Name		Telephone ()	
Address			
Supervisor's Name & Title		Wages Start	End
Your Job Title	Reason for Leaving		
Description of Major Duties			Percent of Time
1.			%
2.			%
3.			%
4.			%
5.			%

<p>UNEXCUSED ABSENCES 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? []</p>
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LICENSES		
List any licenses, registrations or certificates required for the position for which you are applying.	Expiration Date	Licensing Agency
Drivers License Number:		Issuing State:
<i>All applicable licenses or certifications may be required in the Coordinator's Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain current.</i>		

EQUIPMENT/COMPUTER EXPERIENCE
Describe your experience with computers (hardware/software), office equipment (WPM), heavy equipment etc. that may be relevant to the position you're applying for.

VETERAN 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to claim Veteran's Preference Points? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a disabled veteran and wish to claim additional points, please check here. <input type="checkbox"/>
Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please complete Veterans Preference Application form available in Coordinator's Office and attach the required DD214 form.

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

REFERENCES			
Please list three professional references that we may contact. 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. The County reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.			
Name	Title	Address	Phone Number

CRIMINAL BACKGROUND will be completed for position finalists. Criminal Background may be completed for Department of Correction position applicants or positions for which they are required per statute. (M.S. §364.021)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Hubbard County Sheriff's Office for the purpose of possible future employment with Hubbard County.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature on page 4

Note: Your signature on page 4 of this application authorizes Hubbard County to complete a criminal background verification in the event you are a finalist for a position, applying for a Department of Corrections position, or if verification is required per statute for the position.

ACCOMMODATIONS:

Do you have any special needs that may necessitate accommodations in the application/interview process? [] Yes [] No

If yes, please describe the type of accommodation requested:

FACTS REGARDING THE INFORMATION PROVIDED ON YOUR APPLICATION

- ◆ The information requested on this application is intended to be used by the County to identify you and in determining your suitability for employment for the position which you are currently seeking or may seek in the future. 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 the County being unable or unwilling to offer employment to you.
- ◆ Minnesota Statute §13.01 through §13.99 on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address, Home Phone Number, Racial/Ethnic Data.
- ◆ Your name will become public data when you are selected to be interviewed for a vacancy. All other information you supply on this application, with the exception of that which is private data as indicated above, will become public if you are hired by Hubbard County.
- ◆ With respect to any special accommodations necessary for completing your application or the interview process, the County may be unable to provide the necessary accommodations if you do not provide the information in the accommodations section above.
- ◆ Ethnic group and gender information may be asked and is used for Affirmative Action reporting purposes only. Providing such information, including social security number, is voluntary.
- ◆ 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 Hubbard County and cannot be returned.

PLEASE READ

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that falsified statements on this application in any detail shall be considered sufficient cause for disqualification from further consideration for hire or for dismissal. I further understand that certain positions requiring professional licenses, will require verification of licensure, and qualifications.

I authorize Hubbard County to make any investigation of my personal or employment history including criminal history and authorize any former employer, person, firm corporation, credit agency, or government agency to give Hubbard County and it's designated agents information they may have regarding me that the county deems necessary. In consideration of Hubbard County's review of this application, I release Hubbard County and all providers of information from any liability as a result of furnishing or receiving this information.

I further agree that, if employed, I will conform my conduct to Hubbard County's rules and regulations and understand that, unless otherwise specifically agreed to in writing, my employment status with the County is at-will, meaning I have the right to terminate my employment at any time and that the County has the same right. I understand nothing contained in this application or in granting of an interview creates a contract between Hubbard County and myself for either employment or for the providing of any benefit. I also understand that any employment policies, 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 policies, manuals or handbooks may be modified at anytime at the sole discretion of the county.

I understand that certain positions within Hubbard County are required to comply with State and/or Federal drug and alcohol testing regulations. If hired for said position, I understand my continued employment is contingent upon compliance with these regulations and all provisions.

I also understand that, upon acceptance of employment, a minimum six-month probationary period applies before transferring to regular employment status.

I have read and understand the above information and declare statements herein are true & complete.

Signature _____ **Date** _____



HUBBARD COUNTY

Applicant Survey

Coordinator's Office

Hubbard County Courthouse
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Email: dthompson@co.hubbard.mn.us

*Hubbard County asks that you voluntarily provide the following information to enable us to monitor our recruitment activities and be able to report as required by Federal and State laws. **The data on this sheet will be kept in a private file separate from your application.***

PERSONAL INFORMATION

Date: _____

Position applied for: _____

Sex: Female Male

Age Group: 16 - 18 19 - 39 40 and over

Race: White Black Hispanic

American Indian or Alaskan Native Asian or Pacific Islander

VETERANS STATUS

Are you a veteran? Yes No

If yes, a Vietnam era veteran? Yes No

If yes, a disabled veteran? Yes No

OTHER

How did you learn about this job?

Employment Agency (name) _____

Newspaper (name) _____

Internet _____

School (name) _____

Walk-in _____

Hubbard County Employee _____

Contacted Hubbard County Personnel _____

Other (name) _____