

# APPLICATION FOR EMPLOYMENT



We welcome you as an applicant for employment with Waseca County. It is Waseca County's policy to provide equal opportunity in employment. Waseca County will not discriminate on the basis of race (including traits associated with race, including, but not limited to, hair texture and hair styles such as braids, locs and twists) color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, pregnancy, genetic information, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional details about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

Waseca County accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact Human Resources at 507-835-0601.

**Please print in INK or type when completing this application**

## GENERAL INFORMATION

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

**Address:** \_\_\_\_\_  
*Street* *City* *State* *Zip Code*

**Email:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_  
*Phone Number* *Alternate Phone Number*

**Position Applying For:** \_\_\_\_\_

Are you legally eligible to work in the United States in the position for which you are applying?  Yes  No

*Proof of citizenship or work eligibility will be required as a condition of employment.*

Will your continued employment require employer sponsorship?"  Yes  No

Are you at least 18 years old?  Yes  No

## EDUCATIONAL INFORMATION

	High School	College/Technical	College	Graduate
Check highest Grade Completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PHD <input type="checkbox"/> JD
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

School Name	Address	Course of study	Degree
High School:			
College:			
Graduate School:			
Technical/Vocational:			
Other:			
Other:			

**List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position:**

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**If required for the position you are applying for, or if you believe it demonstrates relevant experience, list any current licenses, registrations, or certificates you possess which may be related to this position:**

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## EDUCATIONAL INFORMATION

List present or most recent employer first. Please note "see resume" is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application.

**Name of Employer** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street City State Zip Code*

**Position** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_  
*From To*

**Name of Last Supervisor:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **May we contact this employer?**  Yes  No

**Reason for leaving (Be Specific):**

**Describe your work in this job:**

**Name of Employer** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street City State Zip Code*

**Position** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_  
*From To*

**Name of Last Supervisor:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **May we contact this employer?**  Yes  No

**Reason for leaving (Be Specific):**

**Describe your work in this job:**



## Military Experience

Did you serve in the U.S. Armed Forces?  Yes  No

Describe your duties:

Do you wish to apply for Veterans' Preference points:  Yes  No

If you answered "yes," you must complete the enclosed application for Veterans' Preference points, and submit the application and required documentation to Waseca County by the application deadline of the position for which you are applying.

## Authorization

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with Waseca County is "at will," and that employment may be terminated by either Waseca County or me at any time, with or without notice.

With my signature below, I am providing Waseca County authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?", contact with my current employer will not be made without my specific authorization.

I have read the included Applicant Data Practices Advisory, and I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify Waseca in writing of any changes to information reported in this application for employment.

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*Applicants Signature*

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*Date*

**RETURN COMPLETED APPLICATION TO:**

**Human Resources Office**

307 North State Street

Waseca, MN 56093

Telephone: (507) 835-0601

Fax: (507) 835-0633

Email: [wjobs@wasecacounty.gov](mailto:wjobs@wasecacounty.gov)

Waseca County will accept applications by:

- Fax
- Email
- Standard Mail
- In Person



**SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):**

(Veteran's DD214 or DD215, or other documentation verifying military service, photocopy of marriage certificate, spouse's death certificate and proof veteran is deceased must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran).

Date of Death: \_\_\_\_\_ Have you remarried?  Yes  No

**SPOUSE OF DISABLED VETERAN (15 points):**

(Veteran's DD214 or DD215, Copy 2, 4, or 6, or other documentation verifying military service, photocopy of marriage certificate, and USD VA Rating Decision showing a compensable service-connected disability rating decision, usually of 10% or more, and which shows the nature of the disability, must be submitted to receive points.

How does veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific): \_\_\_\_\_

**AFFIDAVIT:** I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to Waseca County by the required application deadline.

\_\_\_\_\_  
*Applicants Signature*

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

## Information Regarding Veterans Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.447, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
  - i. served on active duty for at least 181 consecutive days, or
  - ii. have been discharged by reason of disability incurred while serving on active duty, or
  - iii. have completed the minimum active duty requirement of federal law, as defined by Code of Federal Regulations title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty under Title 10 of the United States Code, or
  - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of your DD214 or DD215, Copy 2, 4, or 6, or other documentation verifying military service. This copy must state the character of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision or Summary of Benefits Letter that supports/verifies the fact that the veteran has a compensable Service connected disability.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215 Copy 2, 4, or 6, or other documentation verifying military service, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with Waseca County. Please contact our office at 507-835-0601 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

## Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. Waseca County appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

**Position Applying For:** \_\_\_\_\_

**Gender:**  *Female*  *Male*

With which racial/ethnic group do you identify?

- Hispanic or Latino
- Caucasian/White
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaska Native through Tribal affiliation or community recognition
- Two or More Races

Disability status, defined as:

1. Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning).
2. Has a history of a disability (such as cancer that is in remission).
3. Is regarded as having such an impairment.

Do you claim disability status?  *Yes*  *No*

## References

Name	Profession	Phone Number	Years known and in what capacity

## How did you learn about the position?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Newspaper ( <i>please write which newspaper</i> ) _____<br><input type="checkbox"/> Word of Mouth<br><input type="checkbox"/> County Employee<br><input type="checkbox"/> Friend<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Internet (website):<br><input type="checkbox"/> Waseca County<br><input type="checkbox"/> Association of MN Counties<br><input type="checkbox"/> Indeed.com<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> School ( <i>please write which school</i> ) _____<br><input type="checkbox"/> Walk-In<br><input type="checkbox"/> Minnesota Workforce Center<br><input type="checkbox"/> Other: _____ |
|--|---|--|

## Applicant Data Practices Advisory

According to Minn. Stat. § 13.04, Waseca County must advise you of the following.

Purpose and intended use of the data:

Waseca County collects this information for purposes of selecting a candidate for hire. Your data will be used to identify you and assist in determining your suitability for the position for which you are applying. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, including using the BCA's website. Consultant, county staff and elected officials involved in the hiring process will have access to the data provided. Data may be shared upon court order or provided to the state or legislative auditor, upon request.

Whether you may refuse or are legally required to supply this data: Application for employment as well as supplying any data in application for employment is voluntary.

Consequences arising from supplying or refusing to supply this data:

We take pride in hiring the best candidates, but we can't do this without a complete application. Filling out the application is voluntary, and the more complete the application, the better your chances of conveying to the county you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

Minors submitting this application have the right to request that parental access to private data be denied. If you wish to make this request, please submit the request in writing to Human Resources, 307 North State Street, Waseca, MN 56093.

### **GENERAL INFORMATION ON THE MINNESOTA GOVERNMENT DATA PRACTICES ACT FOR APPLICANTS, EMPLOYEES, AND VOLUNTEERS.**

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with Waseca County. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the county must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Second under “Personnel Data” (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran's status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);

*Waseca County is an Equal Opportunity / Affirmative Action Employer*

- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- You job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the county of \_\_\_\_\_, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- You work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your works time for payroll purposes: except to the extent that release of time sheet data would reveal employee's reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience.
- The "complete" terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of county staff needing it to process county records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and assist in determining your suitability for the position for which you are applying. The optional data is used in summary form to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you is voluntary.

**NOTICE REGARDING SOCIAL SECURITY NUMBER:** This information will be used for payroll taxes, insurance purposes, and retained in the employee's data record.

**NOTICE TO MINORS:** Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact Waseca County Human Resources Department at 307 North State Street, Waseca, MN 56093. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**

**NOTICE REGARDING REQUEST FOR MARRIAGE CERTIFICATE FOR VETERANS' PREFERENCE DOCUMENTATION:** This information will be used for documentation purposes for verifying marital status for requesting applicable spousal Veterans' Preference credits.