

WRIGHT COUNTY

PERSONNEL DEPARTMENT

WRIGHT COUNTY GOVERNMENT CENTER

10 N.W. SECOND ST., ROOM 235, BUFFALO, MN 55313-1188

DIRECT: 763/682-7353 OR 682-7380 FAX: 763/682-6178

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

GENERAL INFORMATION: Please complete all sections of this form. If you are applying for more than one position, complete one application for each position. Copies will be accepted as long as they are legible. List only one (1) position per application. If you list more than one (1) position on the application, your application will be considered for the first position listed. Resumes and other attachments are acceptable as long as they are accompanied by an application. If you have any questions on the application or position you are applying for, please contact the Personnel Department at the address and numbers listed above.

Return your completed application and any other related material by the closing date listed on the position announcement to the address listed above.

GENERAL DATA

Position Applying For: _____ Date Available to Start: _____ Today's Date: _____

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Home phone _____

Work Phone _____

Cell Phone _____

WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING

Regular Full-time _____ Temporary Full-time _____
Regular Part-time _____ Temporary Part-time _____
Seasonal _____ Internship _____

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 |
|---|----------------|----------------|-----------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If the position you are applying for requires a license or certificate, please complete information below.

| Type of License | License Number | Date Expires |
|-----------------|----------------|--------------|
| | | |
| | | |
| | | |

WRIGHT COUNTY IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

WORK EXPERIENCE

Experience and training ratings are determined by the information provided on the application and the resume (if attached). 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.

| | | |
|---|------------------------|---|
| Employer: _____ | | LENGTH OF EMPLOYMENT From: _____ To: _____ Total: _____ Years Months Hours worked each week: _____ Ending Salary: _____ Number Supervised: _____ Reason for Leaving: _____ |
| Address: _____ City: _____ State: _____ Zip: _____ | | |
| Position/title: _____ Supervisor/title: _____ | | |
| Supervisor Name: _____ Phone Number(daytime): _____ | | |
| DUTIES | PERCENT OF TIME | |
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |
| 5. _____ | | |

| | | |
|---|------------------------|---|
| Employer: _____ | | LENGTH OF EMPLOYMENT From: _____ To: _____ Total: _____ Years Months Hours worked each week: _____ Ending Salary: _____ Number Supervised: _____ Reason for Leaving: _____ |
| Address: _____ City: _____ State: _____ Zip: _____ | | |
| Position/title: _____ Supervisor/title: _____ | | |
| Supervisor Name: _____ Phone Number(daytime): _____ | | |
| DUTIES | PERCENT OF TIME | |
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |
| 5. _____ | | |

| | | |
|---|------------------------|---|
| Employer: _____ | | LENGTH OF EMPLOYMENT From: _____ To: _____ Total: _____ Years Months Hours worked each week: _____ Ending Salary: _____ Number Supervised: _____ Reason for Leaving: _____ |
| Address: _____ City: _____ State: _____ Zip: _____ | | |
| Position/title: _____ Supervisor/title: _____ | | |
| Supervisor Name: _____ Phone Number(daytime): _____ | | |
| DUTIES | PERCENT OF TIME | |
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |
| 4. _____ | | |
| 5. _____ | | |

| | | |
|---|------------------------|-------------------------------|
| Employer: _____ | | LENGTH OF EMPLOYMENT |
| Address: _____ City: _____ State: _____ Zip: _____ | | |
| Position/title: _____ Supervisor/title: _____ | | |
| Supervisor Name: _____ Phone Number(daytime): _____ | | |
| | | From: _____ |
| | | To: _____ |
| | | Total: _____ Years Months |
| DUTIES | PERCENT OF TIME | |
| 1 _____ | | Hours worked each week: _____ |
| 2 _____ | | Ending Salary: _____ |
| 3 _____ | | Number Supervised: _____ |
| 4 _____ | | Reason for Leaving: _____ |
| 5 _____ | | |

| | | |
|---|------------------------|-------------------------------|
| Employer: _____ | | LENGTH OF EMPLOYMENT |
| Address: _____ City: _____ State: _____ Zip: _____ | | |
| Position/title: _____ Supervisor/title: _____ | | |
| Supervisor Name: _____ Phone Number(daytime): _____ | | |
| | | From: _____ |
| | | To: _____ |
| | | Total: _____ Years Months |
| DUTIES | PERCENT OF TIME | |
| 1 _____ | | Hours worked each week: _____ |
| 2 _____ | | Ending Salary: _____ |
| 3 _____ | | Number Supervised: _____ |
| 4 _____ | | Reason for Leaving: _____ |
| 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 _____ |
| Spreadsheets: total yrs. _____ | Financial Statement _____ | Scanners _____ | Publisher _____ |
| Excel _____ | Payroll _____ | Transcription _____ | |
| Lotus 123 _____ | Trial Balance _____ | | |
| Transcription _____ | | | |
| Word Processing: total yrs. _____ | List any other skills you have relative to the position you are applying for: _____ | | |
| MS Word _____ | _____ | | |
| Word Perfect _____ | _____ | | |
| Indicate typing speed (WPM) _____ | _____ | | |

ROAD AND BRIDGE APPLICANTS COMPLETE THIS SECTION: Please indicate the number of years experience you have in each of the following areas.

| TRUCK DRIVING | HEAVY EQUIPMENT OPERATION | SHOP MACHINES | MECHANICS |
|--------------------------------|---------------------------|---------------------|---------------------|
| Dump Truck (single axle) _____ | Rubber-tired Loader _____ | Welder _____ | Diesel Engine _____ |
| Dump Truck (tandem axle) _____ | Track Loader _____ | Bearing Press _____ | Gas Engine _____ |
| Tractor/Trailer _____ | Motor Grader _____ | Sandblaster _____ | Small Engine _____ |
| Snow/Ice Removal _____ | Scraper _____ | Other _____ | Heavy Equip _____ |
| | Backhoe _____ | | |

DRIVING RECORD INFORMATION

Do you have a valid MN driver's license? _____ Class _____ Number _____

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

Please list three (3) job related references who are not related to you. Give address and phone number where they can be reached during the day.

1. _____
2. _____
3. _____

I hereby declare that the information provided on this application and on any attachments thereto, 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 said fraudulent information.

Applicant's Signature

Date

Release of Information

In conjunction with my application for employment, I authorize the representatives 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 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 an impairment.
3. Being regarded as having such an impairment.

*Major life activities include caring for oneself, performing manual tasks, walking, talking, hearing, seeing, speaking, breathing, learning, 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.

Persons who require accommodations in the recruitment process are asked to contact the Personnel Department at 682-7353 or 682-7380.

Job accommodations will be considered on a case-by-case basis with essential function determinations being made for the position vacancy.

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 rated at 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 veterans 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 veterans: **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 that 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.

Signature _____ Date _____ Social Security No. _____

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/Alaskan Native
_____ Black
_____ Asian and Pacific Islander
_____ Spanish or Mexican American
_____ 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 Dept. Of Employment
_____ 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 position 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) Your name;
- B) Your actual gross salary and range;
- C) Your actual gross pension;
- D) The value and nature of employer-paid benefits;
- E) The basis for the amount of any added remuneration, such as expense or mileage reimbursement in addition to your salary
- F) Your job title;
- G) Your job description;
- H) The dates of your first and last employment with us;
- I) The status of any disciplinary action taken against you as an employee of Wright County, and all the supporting documentation about your case;
- J) The final outcome of any disciplinary action taken against you as an employee of Wright County, and all the supporting documentation about your case;
- K) Contract fees;
- L) Your education and training background;
- M) Your previous work experience;
- N) Your work location;
- O) Your work telephone number;
- P) Your badge number;
- Q) Your city and county of residence;
- R) Honors and awards received; and
- S) Data which accounts for the individual’s work time.

* “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.