

# TRAVERSE COUNTY MINNESOTA

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

The information requested on this application is intended to be used by Traverse County in determining 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 Traverse 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, Traverse County may be unable to provide the necessary accommodations if you do not provide the information. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the facility without your consent, except as necessary for tax purposes or as otherwise required by state or federal law.

(PLEASE PRINT)

Last Name Middle Name		First Name			
Address Zip Code		City		State	
Social Security Number		Telephone Number (Home) (Work)		May We Call You At Work? _____ Yes _____ No	
Title of Position You Are Applying For		Date of Application		Date Available to Begin Employment	
How Did You Hear About This Job? Advertisement _____ Friend _____ Inquiry _____ Employment Agency _____ Relative _____ Other _____ <small>(Please specify)</small>					
Are you 18 years of age or older?				Yes	No
Have you ever filed an application with Traverse County before? If yes, give date _____				Yes	No
Have you ever been employed with Traverse County before? If yes, give date _____				Yes	No
Are you authorized to work in the United States on an unrestricted basis? <i>Proof of citizenship or immigration status will be required upon employment.</i>				Yes	No
EDUCATION					
School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree	
High School					
Undergraduate College					
Graduate/Professional					
Other (Specify)					

**WORK EXPERIENCE**

Start with your present or most recent employer. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Work Performed	Dates Employed From _____ To _____
Address		Hourly Rate/Salary Start _____ Final _____
Telephone Number(s)		Hours Worked Per Week
Starting/Present Job Title		Reason for Leaving
Supervisor's Name and Title		May We Contact This Employer? Yes _____ No _____

Employer	Work Performed	Dates Employed From _____ To _____
Address		Hourly Rate/Salary Start _____ Final _____
Telephone Number(s)		Hours Worked Per Week
Starting/Present Job Title		Reason for Leaving
Supervisor's Name and Title		May We Contact This Employer? Yes _____ No _____

Employer	Work Performed	Dates Employed From _____ To _____
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Employer	Work Performed	Dates Employed From _____ To _____
Address		Hourly Rate/Salary Start _____ Final _____
Telephone Number(s)		Hours Worked Per Week
Starting/Present Job Title		Reason for Leaving
Supervisor's Name and Title		May We Contact This Employer? Yes _____ No _____

Comments. Include explanation of any gaps in employment.

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

Do you have any special needs which may necessitate accommodations in the application/interview process? If yes, please describe the type of accommodation requested.

Yes

No

LICENSURE/SPECIAL SKILLS

If the position *requires* certification, registration or occupational licensure, please provide that information below.

Driver's License Number

Class

Expiration Date

List any licenses/certificates pertaining to the position for which you are applying:

Business machines you can operate

Computer knowledge/use

Typing speed \_\_\_\_\_ words per minute

Other skills and abilities

Please include any other information you think would be helpful to us in considering you for employment, such as activities, volunteer experiences, accomplishments, etc. (Please exclude all information indicative of age, sex, race, religion, color, national origin and handicap.)

COMPLETE THIS SECTION ONLY IF YOU SERVED IN THE U. S. ARMED FORCES  
*Note: If you wish to claim Veteran's Preference please attach a copy of your DD214.*

Branch of Service

Length of Active Duty

Rank at Discharge

Type of Discharge

Describe Duties and Any Special Training

PERSONAL/PROFESSIONAL REFERENCES

List three (3) individuals who know you well, preferably from a work environment. Do not refer to acquaintances or relatives.

Name and Address

Telephone Number

Occupation

1.

2.

3.

APPLICANT'S STATEMENT

ATTENTION: THIS STATEMENT MUST BE SIGNED, ANY FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW.

I hereby authorize Traverse County to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance.

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection or dismissal if employed.

Signature of Applicant

Date