



# TRAVERSE COUNTY

---

County Courthouse • 702 2<sup>nd</sup> Ave N. • P.O. Box 428 • Wheaton,

## INSTRUCTIONS FOR COMPLETING THE APPLICATION

### TRAVERSE COUNTY HIGHWAY DEPARTMENT TEMPORARY SEASONAL WORKER

Thank you for your interest in employment with Traverse County. Enclosed are the following documents:

1. Traverse County Job Posting;
2. Traverse County Application for Employment.

Please read the Job Posting thoroughly so you understand the duties and requirements of this position. These documents are for your information only and you should retain them for future review.

Please complete the Traverse County application in its entirety. Type or print clearly and give complete and accurate information. If you do not, you may not meet the position's screening criteria and/or be removed from further consideration because of an incomplete application. Feel free to provide applicable supporting documentation and information.

Deliver, mail or e-mail the application and any supporting documentation to:

Lisa Zahl  
HR Director/County Coordinator  
702 2<sup>nd</sup> Ave N  
P. O. Box 428  
Wheaton, MN 56296  
[lisa.zahl@traversecountymn.gov](mailto:lisa.zahl@traversecountymn.gov)

In the alternative, you may also download the application packet at [www.co.traverse.mn.us](http://www.co.traverse.mn.us).

If you have a disability or language difficulty that would prevent you from successfully completing the application documents, please contact Lisa Zahl, HR Director/County Coordinator, at (320) 422-7778 or [lisa.zahl@traversecountymn.gov](mailto:lisa.zahl@traversecountymn.gov) so that reasonable effort can be made to accommodate your needs.

# TRAVERSE COUNTY JOB POSTING

---

**POSITION TITLE:** Temporary Summer Seasonal Worker

**DEPARTMENT:** Highway Department

**DATE OF POSTING:** March 18, 2026

**CLOSING DATE:** Open until filled

---

**POSITION TITLE:** Mower/Maintenance Worker

**REPORTS TO:** County Engineer and Highway Maintenance Supervisor

**STATUS:** Seasonal full-time, non-exempt

**HOURLY WAGE:** \$18.00 – \$26.89/hour

**NORMAL HOURS OF WORK:** Regular department hours, 40 hours/week with possible overtime.

**PERIOD OF EMPLOYMENT:** May through October/November 2026

**GENERAL RESPONSIBILITIES:** Responsible for mowing, general road and culvert maintenance, general labor, small equipment operation, and other duties as required.

**MINIMUM QUALIFICATIONS:** 18 years of age, valid Minnesota driver's license, able to work long hours in physically demanding work, work on and maneuver broken ground.

**SKILLS & KNOWLEDGE:** Experience in a similar position preferred.

**APPLICATIONS:** To request an application packet, contact Lisa Zahl, HR Director/County Coordinator, 702 2<sup>nd</sup> Ave. N., P. O. Box 428, Wheaton, Minnesota, 56296, (320) 422-7778 or [lisa.zahl@traversecountymn.gov](mailto:lisa.zahl@traversecountymn.gov)

**OPEN UNTIL FILLED**

TRAVERSE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER.



Traverse County  
Minnesota



# Employment Application

with

# Traverse County Minnesota

Traverse County Human Resources Department

P.O. Box 428

702 2<sup>nd</sup> Ave North

Phone: 320-422-7778

Fax: 320-563-4424

[www.co.traverse.mn.us](http://www.co.traverse.mn.us)

[lisa.zahl@traversecountymn.gov](mailto:lisa.zahl@traversecountymn.gov)

NAME:

---

It is Traverse County's policy to provide equal opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, familial status, status with regard to public assistance, disability, sexual orientation, or age.



**WORK/VOLUNTEER EXPERIENCE**

List ALL work experience, whether or not relevant to this position, and all relevant volunteer experience, most recent to be listed first.

Employer: _____	From: _____	To: _____
Address: _____	Telephone #: _____	
Position Title: _____	Responsibilities: _____	
Reason for Leaving: _____		
Supervisor's Name: _____		

Employer: _____	From: _____	To: _____
Address: _____	Telephone #: _____	
Position Title: _____	Responsibilities: _____	
Reason for Leaving: _____		
Supervisor's Name: _____		

Employer: _____	From: _____	To: _____
Address: _____	Telephone #: _____	
Position Title: _____	Responsibilities: _____	
Reason for Leaving: _____		
Supervisor's Name: _____		

Employer: _____	From: _____	To: _____
Address: _____	Telephone #: _____	
Position Title: _____	Responsibilities: _____	
Reason for Leaving: _____		
Supervisor's Name: _____		

Employer: _____	From: _____	To: _____
Address: _____	Telephone #: _____	
Position Title: _____	Responsibilities: _____	
Reason for Leaving: _____		
Supervisor's Name: _____		

**LICENSURE / SPECIAL SKILLS**

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

<u>License/No.</u>	<u>Issued by</u>	<u>Date</u>	<u>Expiration</u>

All applicable licenses or certifications must be received in the Personnel Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

Computer knowledge/programs: \_\_\_\_\_

**EDUCATION**

Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent first.

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_ Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_ Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_ Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_ Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

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

**REFERENCES**

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 of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Title: \_\_\_\_\_

Other Information	Yes	No
Do you have a Social Security Number?		
Are you over the age of 18? If not, state your date of birth: _____		
Are you currently employed?		
Are you available to work full-time?		
Are you available to work part-time?		

**CRIMINAL BACKGROUND INFORMATION**

The County will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions (namely law enforcement), criminal background information will be requested during the application stage. Further, the County may conduct a criminal background check on individuals upon making a contingent job offer. Please refer to the job description for this position to determine if such a check will be conducted. If the job description states that a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to the County, and formal approval by the appointing authority.

**PRIOR EMPLOYMENT**

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, identify the employer and describe the circumstances:

---



---



---

**PERSONAL STATEMENT**

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

---



---



---



---



---



---

**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? \_\_\_\_\_

## VETERAN'S PREFERENCE

The following summarizes the major points of Minnesota Statutes §197.455 which governs the granting of veterans preference for local units of government. See: <https://www.revisor.mn.gov/statutes/cite/197.455>

### A. GENERAL REQUIREMENTS:

Applicants must meet all of the following to qualify for any veterans preference points.

See: <https://www.revisor.mn.gov/statutes/cite/197.447>

1. Meets minimum qualifications of the position and/or received a passing score in the exam process without the addition of preference points.
2. Is a United States citizen or resident alien who separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty (not active duty for training) for 181 consecutive days, or was separated by reason of disability incurred while serving on active duty.
3. OR, met the minimum active duty requirements as defined in 38 Code of Federal Regulations §3.12a (covers Reserve and national Guard members called up for Federal active duty).
4. OR, has certain active military service certified under Federal Law (World War II service by particular groups, such as Merchant Marine).

### B. POINTS GRANTED:

1. Ten (10) points granted to a non-disabled veteran who meets the minimum qualifications or receives a passing score.
2. Ten (10) points granted to spouse of a deceased veteran, who has not remarried and meets the minimum qualifications or receives a passing score.
3. Fifteen (15) points granted to a disabled veteran who meets the minimum qualifications or receives a passing score, if:
  - (a) The veteran has a compensable service connected disability as judged by the United States Veterans Administration or by the retirement board of a branch of the armed forces; and
  - (b) The disability exists at the time of preference is claimed.
4. Fifteen (15) points granted to the spouse of a disabled veteran, who meets the minimum qualifications or receives a passing score, and the veteran meets the requirements listed 3 above, but who is unable to qualify because of their service connected disability.

Are you a veteran or spouse who elects to use veterans preference points to augment passing ratings?

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

Are you a disabled veteran who elects to use veterans preference points to augment a passing rating?

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

Are you the spouse of a disabled veteran who elects to use veterans preference points to augment a passing rating? Yes \_\_\_\_\_ No \_\_\_\_\_

**Documentation of military status/eligibility is required. You must submit legible copies of your DD214 (Member Copy 4), United States Department of Veterans Affairs (USVA) Summary of Benefits Letter, Marriage License, Death Certificate, USVA Disability Award Letter, as applicable. Please attach or forward within five (5) business days.**

**CERTIFICATION, ACKNOWLEDGMENT AND RELEASE**

**I certify** that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the County.

**I understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the County Board and until such approval that the County shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all current and former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the County and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the County will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

**I hereby release** the County and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Do not print)

**CONSENT FOR RELEASE OF  
EMPLOYMENT AND APPLICANT RECORDS  
AND RELEASE OF LIABILITY**

I, \_\_\_\_\_ hereby consent to the release of any and all personnel data or other information about me or related to me or my employment or application for employment with the County of Traverse, Minnesota, including but not limited to: college transcripts, resumes, applications, interview notes, correspondence, and any and all other information related to my employment, application for employment or other attempt(s) to secure employment, including performance evaluations, disciplinary records, investigative data or notes whether or not said investigation resulted in disciplinary action, and all other information contained in my personnel file or otherwise maintained in any form by Traverse County whether or not previously reviewed by me, to the Traverse County Human Department or designated assistant. This information is needed for the purpose of determining by qualifications and fitness for employment.

(If applicable) I was employed by Traverse County from \_\_\_\_\_ to \_\_\_\_\_ or applied for employment on or about \_\_\_\_\_. Records may be found under the following names: \_\_\_\_\_  
\_\_\_\_\_.

In connection with this authorization for release of information, I hereby release the County of Traverse, Minnesota and all of its current and former employees, officers, Commissioners, agents or representatives from any and all manner of liability of whatever nature by reason of requesting or providing such information.

I understand that this authorization shall continue in full force and effect unless specific written revocation is sent to the Human Resource Department of the County of Traverse by certified mail.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

**IMPORTANT INFORMATION FOR APPLICANTS FOR EMPLOYMENT WITH TRAVERSE COUNTY**

In accordance with the Minnesota Government Data Practices Act, Traverse County ("County") is required to inform you of your rights as they pertain to private data collected from you. Private data is that information which is available to you, but not to the public. Some personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87, Government Data Practices, requires that you be informed that the following personal information which you are asked to provide on this Employment Application is considered private data:

- 1. Name (becomes public when certified as a "finalist")
- 2. Home address
- 3. Home phone number
- 4. Age group

We ask this information for the following reasons:

- 1. To distinguish you from all other applicants and identify you in our personnel files.
- 2. To help us to be sure that you are the individual who makes the application.
- 3. To help us to contact you when more information is required, when we send you notices, and/or when we schedule you for interviews.
- 4. To see if you meet the minimum age requirements (if any).
- 5. To conduct proper background investigations needed when applying for a position.
- 6. To determine whether or not any conviction record may be a job-related consideration affecting your suitability for the position you applied for.
- 7. To enable us to ensure your rights to equal opportunities.
- 8. To meet federal and state reporting requirements.

Data supplied by you may be used for such purposes as may be determined to be necessary in the administration of personnel in the County and in the administration of personnel policies, rules, and regulations.

Private data is available only to you and to other persons in the County who have a justified need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Names of applicants remain private except when certified as eligible for appointment to a vacancy or when applicants are considered by the County to be finalists for a position. "Finalists" means a person who is selected to be given an interview as a final step prior to selection.

By my signature below, I certify that I have read (or had read to me) the information printed above and understand its meaning. I certify that answers given herein are true and complete to the best of my knowledge.

Traverse County will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, status with regard to public assistance, or veteran status.

In order for us to comply with certain record keeping requirements, we ask that you fill out this document. This information is used solely for government reporting and will be kept in a **confidential file separate from your application for employment.**

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applications. **This data is for analysis and affirmative action only.**

**Submission of information is voluntary. You are not legally required to provide this information.**

Today's Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_

Male  Female Veteran:  No  Yes Disabled Veteran:  No  Yes Spouse of a Disabled Veteran  Yes

Race:  White (not of Hispanic Origin)  Black (not of Hispanic Origin)  Hispanic  
 American Indian/Alaskan Native  Asian/Pacific Islander

**Disability Status:**

A person with a disability is defined 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.

\* **Note:** 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.

**Based upon the above information, do you claim disability status?**  Yes  No

**Do you have special needs which may necessitate accommodations in the test facilities or test process?**  Yes  No

If Yes, please describe the type of accommodation needed: \_\_\_\_\_

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

Traverse County will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, familial status, disability, age, marital status, status with regard to public assistance, veteran status, local human rights commission activity or any other basis protected by law.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_