



General Information

Kandiyohi County will only accept applications for posted positions. Please complete all sections of the Application for Employment. You may type or print in black ink. Complete one application for each open position.

Your completed application must arrive to the Kandiyohi County Human Resources Office by 4:30 p.m. on the published closing date of the posting. Late applications will not receive further consideration. The Human Resources Office is not responsible for the failure of other Agencies or the Postal Services in forwarding applications by the posted deadline. Not following the application directions may be grounds for rejecting your application.

It is the practice of Kandiyohi County to contact current and previous employers to complete reference checks. All checks shall be completed prior to an offer of employment. Candidates that do not consent to their current and previous employers being contacted may not be considered for employment.

Minnesota Government Data Practices Act

The Minnesota Government Data Practices Act (Minnesota Stat. § 13.04) applies to you as an applicant for employment with Kandiyohi County and requires that you be informed of the purposes and intended uses of the information you provide during the application process or during employment.

Under the law, the following data on you as an applicant is public. This means that it is available to anyone who asks to see it.

1. Veteran Status;
2. Relevant test scores
3. Your rank on our eligible list;
4. Your job history
5. Your education and training; and
6. Your work availability

Your name is considered private until you are certified eligible for appointment to a vacancy or considered by the appointing authority to be finalist for a position in public employment. For Kandiyohi County purposes "finalist" means an individual who is selected to be interviewed by the appointing authority prior to selection.

Equal Employment Opportunity Statement

It is the policy of Kandiyohi County to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, and marital status, status with regard to public assistance, disability, sexual orientation, familial status, or age except where such status is a bona fide occupational qualification.

The information on this application, which is classified as private data under Minnesota Government Data Practices Act, will not be released without your consent except as necessary for tax purposes or as otherwise required by State or Federal law.



Application for Employment

Human Resources Department

Health and Human Services Building

2200 23rd Street NE, Suite 2020

Willmar, MN 56201

Phone: (320) 231-6215

Fax: (320) 231-7899

PERSONAL INFORMATION

Last Name		First Name		Middle Name	Date of Application
Street Address			Apt. No.	Former Name(s) (necessary to check work record)	
City	State	Zip Code	CELL Phone	Alternative Phone	
Are you legally authorized to work in the United State? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment)			Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address					

PERSONAL HISTORY

Position Applied For		Salary desired	Date available to start work
Are you a present employee of Kandiyohi County? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, check status: <input type="checkbox"/> Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Temporary <input type="checkbox"/> Other	
Are you a past employee of Kandiyohi County? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date(s):	Supervisor Name:	
Have you ever filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date(s):		
Kind of work sought: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		If part-time, specify hours and days desired: Hours _____ <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.	

EDUCATION/TRAINING

Did you graduate from High School or receive a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No		High School Attended: _____				
Location: _____						
Name and address of College, University, Technical, Professional, Business, Trade, Vocational or other School	Dates Attended Mo/Yr From	Mo/Yr To	No. of Credits Earned	Cert. or Degree	Major	Major

PROFESSIONAL LICENSES/MEMBERSHIPS

List all required Licenses, Registrations, Certificates and Memberships	Expiration Date	Licensing Agency/Organization

EMPLOYMENT

BE COMPLETE and begin with your current or most recent employer. Your score is based upon experience, education and training determined by the information you provide. Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. Include military and related volunteer experience. Account for all gaps in your employment history. **DO NOT MARK APPLICATION "SEE RESUME" or "SEE ATTACHED RESUME."**

Current or Most Recent Employer:				Job Title	
Address		City	State	Zip	Supervisor Name and Title
Phone No. ()	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week:	Dates Employed (mm/dd/yyyy) From: To:		Salary/Hourly Start	Salary/Hourly Final
Reason for leaving/Why are you leaving?					
Specific Duties					
Second Most Recent Employer:				Job Title	
Address		City	State	Zip	Supervisor Name and Title
Phone No. ()	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week:	Dates Employed (mm/dd/yyyy) From: To:		Salary/Hourly Start	Salary/Hourly Final
Reason for leaving/Why are you leaving?					
Specific Duties					
Third Most Recent Employer:				Job Title	
Address		City	State	Zip	Supervisor Name and Title
Phone No. ()	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week:	Dates Employed (mm/dd/yyyy) From: To:		Salary/Hourly Start	Salary/Hourly Final
Reason for leaving/Why are you leaving?					
Specific Duties					
Fourth Most Recent Employer:				Job Title	
Address		City	State	Zip	Supervisor Name and Title
Phone No. ()	<input type="checkbox"/> Full time <input type="checkbox"/> Part time Hours per week:	Dates Employed (mm/dd/yyyy) From: To:		Salary/Hourly Start	Salary/Hourly Final
Reason for leaving/Why are you leaving?					
Specific Duties					

COMPUTER SKILLS (IDENTIFY HARDWARE and SOFTWARE)

IF POSITION INVOLVES DRIVING

Valid Drivers License <input type="checkbox"/> YES <input type="checkbox"/> NO	License No.	State	Expiration Date
Have you had any moving violations in the last five (5) years? <input type="checkbox"/> YES <input type="checkbox"/> NO "IF YES, PLEASE EXPLAIN:			

VETERAN'S PREFERENCE

If you are a Veteran or the spouse of a disabled or deceased Veteran and wish to claim Veteran's Preference, complete and attach a Veteran's Preference claim available from the Kandiyohi County Human Resources Department and supply proof of your eligibility to claim a Veteran's Preference (DD214).

CRIMINAL BACKGROUND INFORMATION

Kandiyohi County will request information regarding criminal history in the event you become a finalist for the position which you are applying. For certain positions, criminal background information will be requested during the application stage. Further, Kandiyohi County may conduct a criminal background check on individuals upon making a contingent job offer. No job offer of employment shall become final until receipt of the results of the criminal background check with content acceptable to Kandiyohi County.

ADDITIONAL INFORMATION

1. Do you have any current professional licenses or registrations? <input type="checkbox"/> YES <input type="checkbox"/> NO License #: _____ State: _____ Expiration Date: _____ License #: _____ State: _____ Expiration Date: _____
2. Have you ever received disciplinary action on your professional licenses or certifications including, but not limited to, censure, fines, suspension, revocation, probation, conditional status, conditional status, restriction or voluntary surrender? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____ _____
3. Is there any investigation or disciplinary action currently pending on any of your professional licenses or certifications? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____ _____
4. Have you ever been subject to any disciplinary proceedings by any local, state or national professional organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____ _____
5. Have you ever had a professional liability claimed filed against you in a judgment or settlement? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____ _____

AUTHORIZATION AND UNDERSTANDING

I certify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute ground 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 or the appointing authority referenced in the job description. Until such approval, the County shall not be liable for my 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") references named in this application, or any agent of such a current or former employer or volunteer organization, to release to the County and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand 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 current and former employer, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, form employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

Applicant's Signature _____

Date: _____

The information on this application, which is classified as private data under Minnesota Government Data Practices Act, will not be released without your consent except as necessary for tax purposes or as otherwise required by State or Federal law.

KANDIYOHI COUNTY SUPPLEMENTAL EMPLOYMENT DATA

The following information will **NOT** be used by Kandiyohi County as criteria for employment. This information is to help us comply with EEO/Veteran's Preference guidelines and to evaluate the effectiveness of our recruitment advertising efforts. We request that you complete this applicant data record. This information will be filed in a separate, confidential file from your Application for Employment. **Your cooperation and completion of this information is voluntary.**

Please Print or Type

Last Name: _____ First Name: _____ Date: _____

Position(s) Applied For: _____

Referral Source:

☐ Walk-in ☐ Kandiyohi County Website ☐ West Central Tribune ☐ Other (Please Identify)
☐ Friend ☐ Association of MN Counties Website ☐ MN Workforce Center _____

RACE/ETHNIC GROUP (Please check the race to which you identify as belonging to):

☐ **White** ☐ **Asian**

☐ **Black or African American** ☐ **Two or More Races**

☐ **Hispanic or Latino** ☐ **Native American or Other Pacific Islander**

☐ **American Indian or Alaskan Native**

PLEASE CHECK ONE: ☐ **MALE** ☐ **FEMALE**

Do you have a disability? ☐ **Yes** ☐ **No**

Please indicate any special needs that may necessitate accommodations in the testing or application/interview process
