

# AITKIN COUNTY APPLICATION FOR EMPLOYMENT

AITKIN COUNTY HUMAN RESOURCES DEPARTMENT

217 Second Street NW, Aitkin, MN 56431

Phone: 218-927-7276

Fax: 218-927-7374

## IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. § 13.43, Subd. 2). If you are employed, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the Human Resources Manager in writing.

- **IMPORTANT! Be sure to complete all parts of the application.** Please be sure to read the job description & any special instructions carefully before you complete this application.
- Points are awarded for education and experience based upon the information in this application, so be sure to complete all sections in detail. Interviews are then granted based upon total points received.
- Complete a separate application for each job.
- **Resumes will not be accepted in lieu of a completed application.** Please do not submit work samples or letters of recommendation with the application; however, you may do so at the time of an interview if you wish.
- Your application and all attachments become the property of Aitkin County and will not be returned.

**“ Keep a copy of your completed application ”**

**Please type or print in dark ink. Applications completed in pencil WILL NOT be accepted.**

1) Title of Position you are applying for:	2) Applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<i>FOR OFFICE USE</i>
3) Last Name: _____ First Name: _____ Middle Name: _____	4) Social Security No.: _____ <small>Providing Soc. Sec. No. is Voluntary</small>	
5) Street Address: _____ City: _____ State & Zip Code: _____	6) Residence Phone No. _____	
7) Daytime Phone No: _____	8) Have you previously been employed by Aitkin County?  If yes, date: _____ Position: _____	
10) Date available to work: _____	<i>FOR OFFICE USE</i> Application Number: _____	



## AFFIRMATIVE ACTION INFORMATION

Application No: \_\_\_\_\_

The information requested below will be used for statistical purposes only. It will enable this employer to evaluate its recruitment process in light of Federal and State Equal Opportunity laws. Your cooperation is strictly voluntary. Your application will be reviewed whether or not you provided this information. Thank you for your help.

**DATE:**

**POSITION:**

**SOCIAL SECURITY NUMBER:**

**AGE:**

**GENDER:**

Male     Female

**ETHNIC IDENTIFICATION:**

White     Black     American Indian     Hispanic Origin  
 Asian     Other: \_\_\_\_\_

**SPECIAL NOTICE TO DISABLED INDIVIDUALS:**

If you are a disabled person, you are invited to volunteer information concerning any personal physical or mental disability. If you desire, please state below any personal disability and your suggestions as to how it may be accommodated.

Do you have a disability which substantially limits basic work activities: Yes  No

If yes, suggestions for reasonable accommodations:

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Application No: \_\_\_\_\_

**1) Your employment may involve occasional use of a public vehicle.**

Do you have a valid driver's license?  Yes  No

If yes, what class?  A  B  C  D Endorsements: \_\_\_\_\_

**2) Education. Did you graduate or receive a GED?**

Yes  No School

Attended: \_\_\_\_\_

Names & locations of colleges, universities, technical schools	Did you graduate?	Certificate/Degree	Course of study
	<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		

**3) Office Equipment/Computer Experience.** For the Office Equipment/Computer software you have used below, please rate your proficiency on a scale of 1 – 5, 1 being a beginner and 5 being an expert:

\_\_\_\_ Windows 95/98    \_\_\_\_ Microsoft Office    \_\_\_\_ Word Processing    \_\_\_\_ Spreadsheets

\_\_\_\_ AS 400    \_\_\_\_ Fax    \_\_\_\_ Photocopier    \_\_\_\_ Telephone

Other: \_\_\_\_\_ Typing Speed: \_\_\_\_\_ wpm

**4) Relevant current professional memberships, registrations, or licenses. Include date first issued.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5) Describe any additional experience or training that qualifies you for this job.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6) References.** Give the names of four people outside of relatives who can be contacted regarding your qualifications, work habits, and character.

Name	Address (Street, City, State, Zip)	Telephone	Position & Relation to your work

**7) Job-Relevant Volunteer and Unpaid Work Experience**

Kind of Volunteer Activity (Do not specify organization)	Major Responsibilities	Number of Hours/Month	Years/Months Involved

**8) Employment History.** Experience and training ratings are determined by this information. PLEASE BE COMPLETE. List your present or most recent experience first.

Employment Firm \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Your Title \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
Number & type of positions you supervised \_\_\_\_\_

Principal Responsibilities – Be Complete

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Length of Employment  
From \_\_\_\_\_  
Month Day Year

To \_\_\_\_\_  
Month Day Year

Total \_\_\_\_\_  
Years Months

Hours per Week \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact this employer?  
 Yes  No

If no, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**SIGNATURE**

I understand this employer has the right to verify information provided in the application. If there are any misrepresentations on this application or my resume or made by me in an interview, which may be discovered now or anytime in the future, I may be discharged for cause without severance pay of any kind. False information or misrepresentation may also subject me to the penalty provisions of M.S. § 43A.39.

In connection with this application for employment, I authorize this employer and any agent acting on its behalf 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 (such as transcripts). Moreover, I hereby release this employer and any agent acting on its behalf from any and all liability by reason of requesting such information from any person.

- Yes                      Yes, but not present employer until a job is offered.
- No (we may be unable to hire you without this information).

I declare that any and all statements in this application or information provided are true and complete and hereby acknowledge that I have read and understand the information contained herein.

**DATE:** \_\_\_\_\_ **SIGNATURE (Do Not Print):** \_\_\_\_\_

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

**AITKIN COUNTY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER**