

Work Experience

Current/Most Recent Employer: _____

Address: _____ Telephone: _____

Position: _____ Employed from: _____ to _____

Supervisor: _____ Supervisor's email _____

May we contact this person? _____ Salary - Starting: _____ Ending: _____

Duties and responsibilities: _____

Current/Most Recent Employer: _____

Address: _____ Telephone: _____

Position: _____ Employed from: _____ to _____

Supervisor: _____ Supervisor's email _____

May we contact this person? _____ Salary - Starting: _____ Ending: _____

Duties and responsibilities: _____

Current/Most Recent Employer: _____

Address: _____ Telephone: _____

Position: _____ Employed from: _____ to _____

Supervisor: _____ Supervisor's email _____

May we contact this person? _____ Salary - Starting: _____ Ending: _____

Duties and responsibilities: _____

Other Information:	Yes	No
Do you have a Social Security number?		
Can you legally accept permanent employment in the United States?		
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?		
Can you travel if your job requires it?		
Is adequate transportation available so you can get to work on time every day?		
Have you ever been bonded on a job?		
Is there any reason why you cannot be at work on time every day? If yes, why? _____		
On what date would you be available to start? _____		

Other Training or Experience - Summarize special job related skills and qualifications:

References:

1) _____ (Name) _____ (Phone)
 _____ (Complete Mailing Address)

2) _____ (Name) _____ (Phone)
 _____ (Complete Mailing Address)

3) _____ (Name) _____ (Phone)
 _____ (Complete Mailing Address)

IMPORTANT INFORMATION FOR APPLICANTS FOR EMPLOYMENT WITH SWIFT COUNTY

In accordance with the Minnesota Government Data Practices Act, Swift County (the "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. "Finalist" 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.

Unless otherwise indicated above, the County is hereby authorized to contact my former employers for information concerning my employment, ability, experience, and behavior on the job.

I understand that nothing in this employment application is intended to lead to or create an employment contract between the County and myself.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will likely result in discharge. I also understand that I am required to abide by all rules and regulations of the County.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

For County Use Only	
Arrange Interview? <input type="checkbox"/> Yes	<input type="checkbox"/> No
Interviewer: _____	Date of Interview: _____
Remarks: _____	
Employed? <input type="checkbox"/> Yes	<input type="checkbox"/> No Date Employed: _____ Hourly Rate/Salary: _____
Position: _____	Department: _____
By: _____	Date: _____
(Name & Title)	

DATA PRACTICE RELEASE FORM
Authorization and Release for Employers
Pursuant to Minn. Stat. Sec. 13.05, Subd. 4
of the Minnesota Data Practices Act

To: _____
(Employer)

I, _____ hereby authorize and grant my informed consent to permit you, _____, to release to and make available to Swift County (the "County") and/or its agents and/or representatives, data classified as public and private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minn. Stat. Sec. 13.02 subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized (both public and private) includes: Dates of employment, job title and activities during employment, reason for termination of employment, eligibility for rehire, attendance records, performance evaluations, disciplinary records and actions, education and training records, complaints or grievances filed by or against me, background, reputation, and job history.

I understand that the purpose of permitting the County to have access to this information is to determine my suitability for employment with the County. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the County, including verification of my records and analysis by consultants who may review my suitability for employment.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____ including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon the request of the duly accredited representative of the County regardless of any agreement I may have made with you previously to the contrary.

The County is requesting the information pursuant to this release and may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the County's acceptance and processing of my application for employment, I agree to hold _____, its agents, and employees harmless for any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the County.

A photo copy or fax copy of this release form will be as valid as an original thereof, even though the said photo copy or fax copy does not contain an original writing of my signature.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the County or to you of that fact.

Signature

Date

VETERAN'S PREFERENCE

The following summarizes the major points of M.S. 43A.11 as amended, which now governs the granting of veteran's preference at both the state and local levels. This chapter may be ordered from the Documents Section, Department of Administration, 117 University Avenue, St. Paul, Minnesota 55155.

A. GENERAL REQUIREMENTS:

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

- 1) Meets qualifications of position and/or received final passing score in the exam process without addition of preference points.
- 2) Separated under honorable conditions from any branch of the armed forces of the United States.
- 3) Served on active duty for 181 consecutive days or more or was separated by reason of disability incurred while serving on active duty.
- 4) Is a United States citizen.
- 5) Is not eligible for or currently receiving a monthly veteran's pension benefit based on length of military service.

B. POINTS GRANTED:

- 1) Ten (10) points granted to a non-disabled veteran who meets all of the General Requirements.
- 2) Ten (10) points granted to spouse (if not remarried) of a deceased veteran who meets all of the General Requirements.
- 3) Fifteen (15) points granted to a disabled veteran who meets all of the General Requirements if:
 - a) The veteran has a compensable service-connected disability as judged by the United States Veterans Administration or by the Retirement Board of the Branch of the Armed Forces; and
 - b) The disability exists at the time preference is claimed.
- 4) Fifteen (15) points granted to the spouse of a disabled veteran who meets all of the General Requirements and the requirements listed in 3 above, but who is unable to qualify because of the disability.

VETERAN'S PREFERENCE DECLARATION

DIRECTIONS: Complete **either** item number **1** or item number **2** below, sign, and insert this form into the completed application form.

1. I am eligible to receive _____ preference points and certify that I am eligible to receive the preference so declared based on my understanding of the provisions of Minnesota Statutes 43A.11. I further certify that I served in the following branch of the armed forces of the United States: _____ on active duty for 181 or more consecutive days from: _____ to _____ and was separated under:

- ____ Honorable Conditions
____ Disability incurred while serving on active duty.

(Please include a copy of your DD 214)

I am not eligible for or currently receiving a monthly veteran's pension benefit based exclusively on length of military service. If I have declared ten (10) preference points, I hereby certify that I am a disabled veteran with a compensable service connected disability as judged by the U.S. Veteran's Administration or by the retirement boards of the branches of the armed forces, that the disability exists at this time, and that the disability would not, to the best of my knowledge, prevent me from completely performing essential functions of the position I have applied for.

Signature Name Date

2. I do not claim veteran's preference points.

Signature Name Date

PLEASE RETURN COMPLETED FORM WITH APPLICATION

Swift County
Credit Related Information

To: Credit Bureau of Fargo Moorhead

I have applied for a position with Swift County, MN. As part of the County's evaluation of my suitability for employment in the position I am applying for, a background investigation is being conducted.

I request and authorize you to release any and all information concerning my credit, credit rating, and credit bureau reports including all state and national credit records involving me to the following address: Swift County, P.O. Box 288, Benson, MN 56215.

I offer the following information to facilitate this process:

Full name _____

Full Address _____

Drivers License Number & State

Social Security Number _____ Date of Birth _____

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of my records, including your officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon the request of the duly accredited representative of the Swift County regardless of any agreement I may have made with you previously to the contrary.

Swift County is requesting the information pursuant to this release and may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of Swift County's acceptance and processing of my application for employment, I agree to hold the Credit Bureau of Fargo Moorhead, its agents, and employees harmless for any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the County.

A photo copy or fax copy of this release form will be valid as an original thereof, even though the said photo copy or fax copy does not contain an original writing of my signature.

This authorization shall be valid for a period of one year, but I reserve the right to cancel the authorization at any time prior to that expiration by providing written notice to the County.

(Signature)

(Date)

The following named individual has made application for employment with Swift County:

Last Name: _____

First Name: _____

Full Middle Name: _____

Maiden, Alias, or Former Name: _____

Address: _____

Date of Birth: _____

Sex: M F

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Swift County for the purpose of my application for employment with the county.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Notary:

This form will be sent along with a \$15.00 processing charge and a self-addressed, stamped envelope to: Minnesota Bureau of Criminal Apprehension, CJIS-Records, 1246 University Ave., St. Paul, MN 55104-4197