

Cass County

Return to: Cass County Civil Service Commission
Cass County Sheriffs Office
PO Box 1119
Walker MN 56484-1119



Telephone: 218-547-7308

TDD: 218-547-1424

Cass County website: www.co.cass.mn.us

EMPLOYMENT APPLICATION

We welcome you as an applicant to employment! Cass County is an equal opportunity employer/affirmative action employer and does not discriminate on the basis of race, color, creed, religion, national origin, gender, age, marital status, public assistance status, veteran status, disability, or sexual orientation. Individuals are evaluated and selected solely on the basis of merit.

Application Deadline: _____

(Please Type or Print in Ink)

Title of position for which you are applying

Date of Application

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Home Phone

Work Phone

Email Address

What type of employment are you seeking?

Full-Time

Temporary, Full-Time

Seasonal, Full-Time

Part-Time

Temporary, Part-Time

Seasonal, Part-Time

Are you age 18 or older?

Yes No

Are you authorized to work in the U.S. on an unrestricted basis?

Yes No

May we contact your present employer?

Yes No

May we contact your past employers?

Yes No

Are you applying for Veterans' Preference Points? If yes, please see #8, Important Information About Completing Your Application, on page 2.

**An Equal Employment/Affirmative Action Employer
Cass County Has A Smoke-Free Environment**

IMPORTANT INFORMATION ABOUT COMPLETING YOUR APPLICATION

1. Read the job announcement carefully so you understand the duties, requirements and selection process used for the position for which you are making application.
2. Complete the Cass County Employment Application form. You must submit a separate application for each job announcement.
3. Type or print clearly and give complete and accurate information. The information you provide on this application will be used to determine if you meet the minimum qualifications for this position. The information must be specific and complete and submitted on or before the last day for filing, or your application may be rejected. If you need more space, attach additional pages to the application.
4. Complete all applicable areas. Do not mark your application "See Resume". An incomplete application may reduce your opportunity for employment with Cass County.
5. Applications must be received by the application deadline. Late applications will not be considered.
6. Employment History: Be specific and complete. List your present and most recent experience first. Include only job-related, paid experience. If you attach additional information sheet(s), include all the information requested on the application.
7. If you have a disability or language difficulty that would prevent you from successfully completing the application form, please contact the Cass County Administrator's Office, so that reasonable effort can be made to accommodate your needs.
8. Veterans' Preference: Qualified veterans and spouses of disabled or deceased veterans may apply to have extra considerations related to this application. If you intend to file a claim of Veterans' Preference with Cass County, a Veterans' Preference Claim form should be completed (see pages 7 & 8) and a copy of your Form DD214 should be filed by the job announcement closing date.
9. Drug Testing: In accordance with Cass County Drug Testing policy, all individuals entering County employment in safety sensitive positions, are required to take a drug test. Some positions in the County also require pre-employment physical examinations. Employment may be conditionally offered based on passing the drug test and/or the physical examination.
10. Sign your application on page 5.

EDUCATION INFORMATION

Indicate the highest grade completed:

Elementary	High School	College	Post Graduate
1[] 2[] 3[] 4[] 5[] 6[] 7[] 8[]	9[] 10[] 11[] 12[] GED	13[] 14[] 15[] 16[]	MA[] MS[] PHD[] JD[]

Name of High School: _____

Name and location of college, university, and/or Technical schools	Number of years attended	Major/Minor or study area	Degree Received
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EMPLOYMENT HISTORY

Please give accurate, complete employment information. List your present or most recent experience first. Attach additional sheets if necessary.
DO NOT MARK YOUR APPLICATION "SEE RESUME" OR YOUR APPLICATION WILL NOT BE CONSIDERED.

Present Employer:

Employer: _____ Phone No. _____ Dates of employment:
 Address: _____ From: _____ To: _____
 Supervisor: _____ Title: _____ Total yrs/months: _____
 Your Title: _____ Hours per week: _____
 Reason for leaving: _____

 Number and types of positions your supervised: _____
 _____ Salary \$ _____

Major Responsibilities (be complete)

% of time:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

First Previous Employer:

Employer: _____ Phone No. _____ Dates of employment:
 Address: _____ From: _____ To: _____
 Supervisor: _____ Title: _____ Total yrs/months: _____
 Your Title: _____ Hours per week: _____
 Reason for leaving: _____

 Number and types of positions your supervised: _____
 _____ Salary \$ _____

Major Responsibilities (be complete)

% of time:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Second Previous Employer:

Employer: _____ Phone No. _____ Dates of employment:
 Address: _____ From: _____ To: _____
 Supervisor: _____ Title: _____ Total yrs/months: _____
 Your Title: _____ Hours per week: _____
 Reason for leaving: _____

 Number and types of positions your supervised: _____
 _____ Salary \$ _____

Major Responsibilities (be complete)

% of time:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SKILLS AND TRAINING

TO BE COMPLETED BY APPLICANTS FOR ADMINISTRATIVE, PROFESSIONAL, FISCAL, AND CLERICAL POSITIONS ONLY

Typing ability: Yes No Words per minute: _____

List specific OTHER OFFICE EQUIPMENT and COMPUTER HARDWARE AND SOFTWARE with which you have.....

Training: _____

Experience: _____

ALL APPLICANTS PLEASE COMPLETE THIS SECTION:

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

License Number: _____ Expiration Date: _____ Class: _____

Have you had any moving violations in the last five (5) years? Yes No If "Yes", please explain: _____

CERTIFICATIONS, REGISTRATION, OR OCCUPATIONAL LICENSE

Please list any current professional licenses, certificates or registration held by you (indicate number and expiration date).

- 1.) _____
- 2.) _____
- 3.) _____

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 who 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	Address	Home phone	Work phone	Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ACCOMODATIONS

Do you have any special needs that may necessitate accommodations in the application/interview process? Yes No

**Important Facts About Information on Your Application
(Tennessee Warning)**

This application is to assist in the process of referring you to county agencies for possible employment. Certain information requested on the application is private; that is, it may be released only to you or county agencies where you may be considered for employment. Names of applicants would become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position. All other information you supply on this application with the exception of that which is private data as indicated below will become public if you are hired by the County.

Private Data	Why We Ask For It	Are You Legally Obligated to Provide It?	What May Happen If You Don't Provide It?
Name/Address	To distinguish you from all other applicants; to be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Social Security Number	To distinguish you from all other applicants and to make processing more efficient	No	You will be assigned an individual identification number which must be used in any contacts you have with this department concerning your records.
Home Telephone	To be able to contact you to determine availability for interview.	No	We may not be able to employ in certain jobs where you may be required to come to work or be interviewed on short notice.
Gender, Racial/Ethnic, Disability Status, Veterans' Status	To make Equal Opportunity reports as required by law and provide affirmative action in County service.	No	We will be unable to determine whether our selection process results in unfair discrimination; or we will be unable to take affirmative action when hiring.
Special Accommodations	To determine whether you need special accommodations.	No	We will be unable to provide necessary accommodations in a timely manner.
Conviction Records	To determine whether we may accept an application from you if your conviction history may be job-related.	Yes	We will be unable to make the determination requested by law. Failure to provide relevant conviction information may be grounds for dismissal.

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, 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 or other agency, the content of which is acceptable to the County, and formal approval by the appointing authority.

APPLICATION SIGNATURE

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information will result in rejection of my application or dismissal if I am hired.

Signature: _____ Date: _____

SUPPLEMENT TO CASS COUNTY EMPLOYMENT APPLICATION

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APPLICANT SURVEY: Please Read Carefully

The information requested below will be used to meet Federal reporting requirements pertaining to equal employment opportunity and to determine the effectiveness of our recruitment efforts and our Affirmative Action Program.

Furnishing the information below is voluntary. It will not be kept in personnel files and will not be given to anyone making hiring decisions. We would appreciate your assistance in our efforts to provide equal opportunity in employment.

Age Group

What Race/Ethnic Group Do You Consider Yourself?

16 – 25

White

Black

26 – 39

Asian or Pacific Islander

Hispanic

over 40

American Indian or Alaskan Native

Gender

Female

Male

Disabilities

Do you have a disability which substantially limits one of life's major activities such as walking, caring for yourself, seeing, hearing, speaking, performing manual tasks, breathing, learning, working? Do not answer yes to this question, for example, if you have a visual problem corrected by glasses.

YES

NO

If "Yes", please describe _____

How Did You Learn About This Job?

Newspaper Ad

Name of Newspaper: _____

County Employee

Walk-In

County Website

Employment Agency

Other - Explain _____

CLAIM FOR VETERAN'S PREFERENCE

(Only for those candidates wishing to claim veteran's preference)

The eligibility requirements for veteran's preference are listed below. Read them carefully to see if you qualify. If you do, be sure to complete the reverse side of this sheet. Anyone eligible for or receiving any veteran's pension benefit based exclusively on length of military service is not eligible.

VETERAN ELIGIBILITY

Must have entered the military service of the USA, and must be a United States citizen who was separated under honorable conditions: 1) after serving on active duty for 181 consecutive days, or 2) by reason of disability incurred while serving on active duty.

DISABLED VETERAN ELIGIBILITY

Must have compensable service-connected disability as adjudicated by the United States Veteran's Administration or by the retirement boards of the several branches of the Armed Forces and the disability must exist at the time preference is claimed.

SPOUSE ELIGIBILITY AS SPOUSE OF A DECEASED VETERAN OR DISABLED VETERAN

Must be a spouse of either a deceased veteran or the spouse of a disabled veteran, who because of the disability is unable to qualify for the particular position, due to his/her disability, who would have or who does meet the criteria for one of the above listed preferences.

ALL APPLICANTS CLAIMING VETERAN'S PREFERENCE
MUST ATTACH A COPY OF REPORT OF SEPARATION - DD214

If you are an eligible spouse of a deceased or disabled veteran, also submit the following: 1) Marriage certificate; 2) Statement of disability describing disability that prevents the veteran from performing the duties of the position for which you are applying (spouse of disabled veteran only); 3) certificate of veteran's death (spouse of deceased veteran).

INTERVIEW POINT SYSTEM

Candidates with approved non-disabled veteran's preference shall receive five points (5) points, and candidates with approved disabled veteran's preference shall receive ten (10) points that are added to the one hundred (100) point scoring system utilized to determine which applicants are to be interviewed. Veteran's preference credit increases the chance of being called for an interview, but the appointing authority may hire any certified applicant.

TO CLAIM VETERAN'S PREFERENCE, FILL OUT FORM ON THE RESERVE SIDE.

CLAIM FOR VETERAN'S PREFERENCE

Note: If you do not meet the eligibility requirements on the reverse side, do not complete this section

Name of Veteran Last First Middle Birthdate Mo. Day Yr.

Address Street City State Zip

Did the veteran serve on military duty without interruption for 181 days or more? Yes No

Is the veteran a U.S. citizen? Yes No Date of entry into service Branch

Date of Release from active duty. If a reserve unit, submit documentary evidence of service of 181 or more consecutive days.

Type of separation: Honorable Medical Honorable release from active duties and transfer to reserve Other

Are you an honorably discharged veteran of the armed forces of the United State or are you otherwise eligible to claim Veteran's Preference Points? Yes No

Do you wish to claim Veteran's Preference Points? Yes No

If you are a disabled veteran and wish to claim additional points, please check here.

Are you receiving or are you eligible to receive a monthly veteran's pension based on length of military service? Yes No

Disability Claim Number (Be sure this number is correct, If not available, put Serial Number Number).

To speed processing, submit current documentary evidence of compensable disability, if available.

Percent of service connected disability % Currently existing Yes No

Date of amount of most recent disability payment \$ State in which you filed Mo. Day Yr.

If not Minnesota, have records since been transferred to Fort Snelling? Yes No Where

For spouses of deceased veterans: For spouses of disabled veterans:

Date of Death Veteran's present occupation

Have you remarried? Yes No Veteran's total earnings for employment for past 12 months

I hereby claim veteran's preference for this portion and (swear/affirm) that the information given on this document is true and correct. I also authorize the release of necessary information by the Veteran's Administration to the Cass County Administrator's Office.

Signature Date Social Security No.

ATTACHED A COPY OF YOUR D.D. FORM 214

FOR V.A. USE ONLY Is the veteran named above rated as having a compensable service-connected disability? Yes No

FOR OFFICE USE ONLY 5 pts. OC 10 pts. OC 5 pts. Promo. Date

By:

Approve by:

Date:

Reason

Persons may be disqualified from further consideration if they have not attached a form DD214. (Proof on Honorable Veterans Service)



APPLICANT'S FOR P.O.S.T. LICENSED POSITIONS
MUST COMPLETE THIS PAGE



APPLICANT'S NAME: _____

APPLICANT'S FULL TIME P.O.S.T. LICENSE NUMBER: _____

APPLICANT'S LAW ENFORCEMENT EXPERIENCE (YEARS): _____

Applicants for P.O.S.T licensed positions will be required to complete a background investigation form packet and a thorough background investigation will be conducted through resources of local, state, and federal agencies in order to disclose the existence of any criminal record or the existence of unacceptable standards of conduct which would adversely affect the performance, by the individual, of his/her duties as a peace officer.

Once an applicant, for a P.O.S.T. licensed position, receives a conditional offer of employment a licensed physician or surgeon shall make a thorough medical examination of the applicant to determine that he/she is free from any physical condition which might adversely affect the performance, by the individual, of his/her duties as a peace officer.

Once an applicant, for a P.O.S.T. licensed position, receives a conditional offer of employment a licensed psychologist shall perform a psychological evaluation to determine that he/she is free from any emotional or mental condition which might adversely affect the performance, by the individual, of his/her duties as a peace officer.

Applicants for a P.O.S.T. licensed position must successfully pass a job related examination of his/her physical strength and agility demonstrating the possession of physical skills necessary to accomplish the duties and functions of a peace officer.

Applicants applying for position of Deputy Sheriff must provide a photo copy of his/her full time P.O.S.T. License, or eligibility certificate, and a photo copy of his/her first responder (CPR) registration with this application. Also, a list of his/her computer skills. APPLICATION WILL BE AUTOMATICALLY REJECTED IF NOT PROVIDED.

APPLICANT'S SIGNATURE: _____

DATE: _____