

Return to: Cass County HHVS Director  
Cass County HHVS  
P.O. Box 40  
Walker MN 56484

Telephone 218-547-1340

# EMPLOYMENT APPLICATION

An Equal Employment/  
Affirmative Action  
Employer

We welcome you as an applicant to employment! Cass County is an equal opportunity 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)*

<b>Title of Position for which you are applying</b>			<b>Date of Application</b>
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>May We Call You at Work?</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What Type of Employment are You Seeking?</b>			
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Temporary, Full-Time	<input type="checkbox"/> Seasonal, Full-Time	
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary, Part-Time	<input type="checkbox"/> 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.

**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 and a copy of your Form DD214 should be filed by the job announcement closing date. Veterans' Preference claim forms may be obtained by calling 218-547-7419 or from the Cass County Administrator's Office, Box 3000, Walker MN 56484-3000.**
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. All offers of employment will be conditionally offered based on passing the drug test and/or the physical examination.
10. **SIGN YOUR APPLICATION ON PAGE 5.**

EDUCATIONAL INFORMATION																				
Circle 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																				
												No. of year attended		Major/Minor or study area		Degree Received				
_____																				
_____																				
_____																				

## 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:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Total yrs./mos.: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Your Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Number and types of positions you supervised: \_\_\_\_\_

Salary \$ \_\_\_\_\_

Major Responsibilities (be complete):

% of time:

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

### First Previous Employer:

Employer: \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates of employment:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Total yrs./mos.: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Your Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Number and types of positions you supervised: \_\_\_\_\_

Salary \$ \_\_\_\_\_

Major Responsibilities (be complete):

% of time:

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

### Second Previous Employer:

Employer: \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates of employment:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Total yrs./mos.: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Your Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Number and types of positions you 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: \_\_\_\_\_  
\_\_\_\_\_

TO BE COMPLETED BY APPLICANTS FOR LABOR/MAINTENANCE AND SKILLED TRADE POSITIONS ONLY

List SPECIFIC EQUIPMENT with which you have 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

List three (3) people who know you well, preferably from a work environment. Do not refer to an acquaintance or relative.

Name	Address	Home phone	Work phone	Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Important Facts About Information on Your Application  
(Tennessen 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.

<b>Private Data</b>	<b>Why We Ask For It</b>	<b>Are You Legally Obligated to Provide It?</b>	<b>What May Happen If You Don't Provide It?</b>
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.

**CONVICTIONS OR CRIMINAL RECORDS**

*Have you served a sentence in jail or prison or been convicted of a crime for which a jail sentence could have been imposed? You may answer "no" if the conviction or criminal record has been annulled, expunged, sealed, set aside, or purged, or if you have been pardoned pursuant to law:*

Yes     No

If yes, please attach a separate sheet with explanation. Information concerning this question will not be used to automatically bar you from employment but may be used to direct your interests to areas less related to your area of conviction.

***I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to be 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**

**APPLICANT: 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.

<p><b><u>Age Group</u></b></p> <p><input type="checkbox"/> 16 - 25  <input type="checkbox"/> 26 - 39  <input type="checkbox"/> over 40</p> <p><b><u>Gender</u></b></p> <p><input type="checkbox"/> Female</p> <p>Male</p>	<p><b><u>What Race/Ethnic Group Do You Consider Yourself?</u></b></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p>	<p><b><u>Disabilities</u></b></p> <p>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 <b>not</b> answer yes to this question, for example, if you have a visual problem corrected by glasses.</p> <p>YES NO</p> <p>If "Yes", please describe _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p align="center"><b>How Did You Learn About This Job?</b></p> <p><input type="checkbox"/> Newspaper Ad    Name of Newspaper: _____</p> <p><input type="checkbox"/> County Employee</p> <p><input type="checkbox"/> Walk-In</p> <p><input type="checkbox"/> Employment Agency</p> <p><input type="checkbox"/> Other - Explain _____</p> <p>_____</p>		

## **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.

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

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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).

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**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 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 No.). 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 \$ Mo. Day Yr.

State in which you filed

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

By:

Date:

FOR OFFICE USE ONLY

5 pts. OC 10 pts. OC
5 pts. Promo. Date

Approve by:
Reason

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