

**INSTRUCTIONS**  
Please **PRINT** the requested information in the boxes or spaces provided. **DO NOT USE PENCIL.**

APPLICATION FOR EMPLOYMENT  
**ITASCA COUNTY**  
Attn: Human Resources  
Administrative Services Dept.  
123 NE 4<sup>th</sup> Street  
Grand Rapids, MN 55744-2600  
(218) 327-2847 • (218) 327-2806 (TDD)  
FAX: (218) 327-2848

*Office Use Only*

<b>SOCIAL SECURITY NO.</b> (OPTIONAL)		<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>PHONE RESIDENCE:</b>
					<b>BUSINESS:</b>

The address you print in spaces on this page will be used to notify you to report for any examination or interview and to inform you of your score. If your address should change, please be sure to contact the Administrative Services Department.

<b>STREET ADDRESS AND/OR PO BOX #</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>DATE AVAILABLE FOR WORK</b>		
				MO	DAY	YEAR

Professional License: If the position requires a license, certification, registration or similar credential, attach a photocopy of the credential and complete the below information.

<b>Credential Organization</b>	<b>Profession</b>	<b>Number</b>

Print title of job applying for (use exact title in the Job Announcement). One title per application.

<b>JOB TITLE:</b> <input type="checkbox"/> _____	<b>OFFICE USE ONLY:</b> EXAM SCORES:	
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EMPLOYMENT CONDITIONS: Check the type(s) of appointment you will accept:

1. Regular, full time     
 3. Temporary, full time     
 5. Seasonal, full time  
 2. Regular, part time     
 4. Temporary, part time     
 6. Seasonal, part time

Do you have a valid driver's license?  YES  NO  
Please check the type of license and include license number.

<input type="checkbox"/> A Unrestricted	_____	Number
<input type="checkbox"/> A Restricted	_____	Number
<input type="checkbox"/> B	_____	Number
<input type="checkbox"/> D	_____	Number

A. Are you related to any current Itasca County Employee?  YES  NO If yes, please list name, department works in, and relation to the relative (i.e. aunt, father, son, etc.)  
\_\_\_\_\_

B. Are you prevented from lawfully becoming employed in this county because of Visa or Immigration status? (Please check)  YES  NO  
Proof of identity and employment eligibility will be required upon employment per the Immigration Reform and Control Act Of 1986.

College, University or Professional School (List all undergraduate and graduate work) <b>PROVIDE TRANSCRIPT IF REQUIRED</b>		Dates of Attendance (Month & Year)		No. of Credits	Degree AA/BS BA/MA	Date	Subjects Taken
Name	Location	From	To	Qtr. Sem.			
Business, Correspondence, Technical or Vocational School		Dates of Attendance		Cert. Rec'd	% Course Completed	Subjects Taken	
Name	Location	From	To				
High School				Cert. Rec'd	% Course Completed	Subjects Taken	

<p>List a complete account of your work experience.</p> <p><b>IMPORTANT</b> - 1. Give your present or most recent experience first.  2. BE COMPLETE. Applicants are eligible only if it can be determined from their application that they meet minimum qualifications for the position. If the examination includes a rating of training and experience, your test score depends on the information you provide.  3. Do not submit a blank application that says "SEE RESUME." You may attach a resume but please complete the application also. Do not mark application as "SEE PREVIOUS APPLICATION."</p>	<p>May we contact your present employer?  <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>May we contact your former employer?  <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If contact person is different than supervisor, indicate the name and number.  Please indicate if you attached a resume  <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Please attach resume and/or additional information to pages.</p>
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Present county employees should indicate each internal level of employment in a separate block	Length of Employment
Employing Firm: _____ Address: _____	From: _____ Month                      Year  To: _____ Month                      Year  Total: _____ Years                      Months  Hours/Week: _____ Starting Salary: _____ Last Salary: _____
Your Title: _____ Supervisor: _____	
Telephone: _____	
Specific Duties: _____	
_____	
_____	
Reason for seeking other employment: _____	
Employing Firm: _____ Address: _____	From: _____ Month                      Year  To: _____ Month                      Year  Total: _____ Years                      Months  Hours/Week: _____ Starting Salary: _____ Last Salary: _____
Your Title: _____ Supervisor: _____	
Telephone: _____	
Specific Duties: _____	
_____	
_____	
Reason for seeking other employment: _____	

Present county employees should indicate each internal level of employment in a separate block		Length of Employment	
Employing Firm:	Address:	From: _____	
Your Title:	Supervisor:	Month	Year
	Telephone:	To: _____	
Specific Duties:		Month	Year
		Total: _____	
		Years	Months
		Hours/Week: _____	
Reason for seeking other employment:		Starting Salary: _____	
		Last Salary: _____	
<b>Attach additional sheets if necessary</b>			

**ALL APPLICANTS COMPLETE THIS SECTION:**

**PLEASE CHECK THE AREAS IN WHICH YOU HAVE EXPERIENCE OR EXPOSURE BY INDICATING THE NUMBER OF MONTHS EXPERIENCE YOU HAVE IN EACH OF THE FOLLOWING AREAS:**

**SECRETARIAL**

- Word Processing
- Speedwriting \_\_\_ wpm
- Executive
- Legal
- Medical
- Technical
- Other

**TYPING**

- Electric \_\_\_ wpm
- Keyboard \_\_\_ wpm
- Other

**ACCOUNTING**

- Trial Balance
- Profit & Loss
- Financial Statement
- Payroll
- Accounts Receivable
- Accounts Payable
- Posting Machines
- Journal Entries

**INSURANCE**

- Underwriting
- Rating
- Marketing
- Sales
- Claims
- Billing
- Group/Health
- Life
- Personal Lines
- Commercial Lines
- Casualty
- Property

**OFFICE PROCEDURES**

- General
- Filing
- Coding
- Inventory
- Billing
- Receptionist
- Other

**MACHINES**

- Adding Machine
- Calculator
- TDD
- Printer
- Dictaphone
- FAX
- Copier
- Postage Machine
- Other

**GENERAL**

- Customer Service
- Credit
- Collections
- Shipping
- Supervision
- Foreign Language
- Budget Administration
- Real Estate/Land Description

**TRUCK DRIVING**

- Dump trucks (single axle)
- Dump trucks (tandem axle)
- Tractor/trailer
- Other (explain)

List type and number of months of other equipment experience: \_\_\_\_\_

**HEAVY EQUIPMENT OPERATOR**

- Rubber-tired loader
- Track-type dozer
- Track-type loader
- Motor grader (Patrol)
- Scraper
- Backhoe
- Other (explain)

**MECHANIC**

- Diesel engine
- Gasoline engine
- Welding
- Machinist
- Other (explain)

**ARE YOU CERTIFIED AS:**

Diesel engine mechanic:  YES  NO Certification No. \_\_\_\_\_

Welder:  YES  NO Certification No. \_\_\_\_\_

Other: (explain) \_\_\_\_\_

**COMPUTERS:**

Computer Operating Systems Used: \_\_\_\_\_

Computer Operations: \_\_\_\_\_

Computer Programming (specify computer software/programs used): \_\_\_\_\_

**PLEASE INDICATE HOW MANY PEOPLE YOU HAVE HAD EXPERIENCE SUPERVISING:**

- 0-5 workers
- 6-10 workers
- 11-15 workers
- over 15 workers

**FOR OFFICE USE ONLY**

**EDUCATION:**

High School:

Post High School:

**EXPERIENCE:**

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**BONUS**

Veteran's  
Preference

Total

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

Vet

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

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO ADD WHICH YOU FEEL IS PERTINENT TO THE POSITION FOR WHICH YOU ARE APPLYING?

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RELEVANT VOLUNTEER AND UNPAID WORK EXPERIENCE				
Kind of volunteer activity	Your title/duties	No. of hours/mo.	Year	
			From	To

Please list four professional references with complete address and telephone numbers who are familiar with your work and educational qualifications.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION**

You are hereby advised that the information requested on this form will be used for the purposes of determining job qualifications, salary rates within range and for summary data purposes. Some of the data may constitute a public record pursuant to Minnesota Statutes 13.43, Sub. 3. You are not legally required to supply the requested information, but the information is necessary in determining your qualifications for the position for which you have applied. Unless your application is complete, you cannot be considered for County employment. The following individuals and authorities will have access to that information classified by laws as private or confidential. (1) staff members of the Itasca County Administrative Services Department; (2) staff members of the County Department to which you have applied when their work assignments reasonably require access; (3) members of the Itasca County Board, (4) other employees of Itasca County, when their work assignments reasonably require access, (5) State or Federal Agencies as may be necessary in accordance with reporting or verification responsibilities of Itasca County, including but not limited to Minnesota Merit System, Minnesota Department of Health, Minnesota Department of Transportation, Veteran's Service and Veteran's Administration of Fort Snelling, and the Equal Employment Opportunity Commission, and (6) any individual, firm, organization, or corporation providing employment recruitment, evaluation, and selection assistance services on behalf of and under contract with the County.

All materials submitted in support of an application become the property of Itasca County and cannot be returned. You should not submit an original document if it is your only copy. Copies are acceptable.

Providing false information on this application may result in conviction for a misdemeanor and dismissal from any position gained on the basis of that information (Minnesota Statutes 43A.39).

**I hereby declare that any statements herein are true and complete.**

\_\_\_\_\_  
 (applicant sign here)

**IF NOT SIGNED BY APPLICANT, THIS APPLICATION WILL BE DISQUALIFIED.**

Unless the job announcement states otherwise, return application to  
**Attn: Human Resources/Administrative Services Department**  
**Itasca County Courthouse - 123 N.E. 4th St. - Grand Rapids, Minnesota 55744-2600**

## Equal Opportunity Employer "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 to 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.

PRIVATE DATA	WHY WE ASK FOR IT	ARE YOU LEGALLY OBLIGATED TO PROVIDE IT?	WHAT HAPPENS IF YOU DON'T PROVIDE IT
NAME	To distinguish you from all other applicants and to make processing more efficient.	Yes	Failure to provide information may be cause of rejecting an application.
STREET ADDRESS ROUTE OR BOX NUMBER	To be able to send you notices.	Yes	Failure to provide information may be cause of rejecting an application.
HOME TELEPHONE #	To be able to contact you to determine availability for interview.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice
RACIAL/ETHNIC, HANDICAP/DISABILITY STATUS	To be able to make Equal Opportunity reports.	No	We will not be able to determine whether our selection processes result in unfair discrimination.
CONVICTION RECORDS	To determine whether we may legally accept an application from you and to determine whether your record may be a job-related conviction.	Yes	We will not be able to make determinations required by law
SPECIAL TESTING PROCEDURES	To determine whether you need special testing procedures.	No	Failure to provide information prevents timely accommodation which may impact employability depending upon the urgency to fill the job.
RELATION TO EXISTING EMPLOYEES	To determine compliance with the nepotism policy	No	Should it be discovered prior to or after hiring an applicant that a violation of the nepotism policy has occurred; alternative measures will be taken to achieve compliance.
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 in order to insure that your records will not be confused with those of another applicant.

**ALL OTHER INFORMATION ON THE APPLICATION FORM IS PUBLIC, THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE**

*I authorize investigation of all statements contained within the employment application and employment related materials, as may be necessary for Itasca County to arrive at an employment decision.*

*I understand that it is my responsibility to submit any changes in availability or my address to the Administrative Services Department in writing.*

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

## CLAIM FOR VETERAN'S PREFERENCE

**Complete this form ONLY if you are a veteran AND claiming veteran's preference! If you do not meet the eligibility requirements outlined on the bottom of this page, DO NOT complete this section**

NAME (LAST)	FIRST	MIDDLE	SOC. SEC. NO.	POSITION TITLE
ADDRESS (STREET)	CITY	STATE	ZIP	PHONE NO.
				ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

**ACTIVE DUTY INFORMATION:** (Note: A **PHOTOCOPY** of your DD214 Form **must** accompany this claim sheet.)  
 Have you (or your disabled or deceased spouse) served on active military duty without interruption for 181 days or more?  YES  NO  
 Type of separation:  Honorable  Medical  Honorable release from active duty  Other  
 Are you receiving or are you eligible to receive a monthly veteran's pension based on length of military serve?  YES  NO

**FOR SPOUSES OF DISABLED VETERANS:** Percent of Disability: \_\_\_\_\_% (Note: Letter from VA in proof of disability must be submitted by the closing date or appeals date to receive points. Appeals date is usually 10 working days after closing date.)  
 Permanent?  YES  NO Currently Existing?  YES  NO  
 Have you ever been promoted in Itasca County employment?  YES  NO

**FOR SPOUSES OF DECEASED VETERANS:** (Note: A **PHOTOCOPY** of marriage certificate and spouse's death certificate must be submitted to receive points). You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: \_\_\_\_\_ Have you remarried?  YES  NO

**FOR SPOUSES OF DISABLED VETERANS:**

Spouse's Present Occupation: \_\_\_\_\_  
 (Note: Letter from VA in proof of disability must be submitted by the closing date or appeals date to receive points. Appeals date is usually 10 working days after closing date.)

AFFIDAVIT: I hereby claim veteran's preference for this examination and certify that all the information given is true, complete and correct to the best of my knowledge.

I hereby authorize the Veterans Administration to release information necessary to process this application to the Itasca County Administrative Services Department.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**\* ATTACH 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: \_\_\_\_\_

**PERSONS MAY BE DISQUALIFIED FROM FURTHER CONSIDERATION, IF THEY HAVE NOT ATTACHED A FORM DD214. (PROOF OF HONORABLE VETERANS SERVICE.)**

**FOR OFFICE USE ONLY**

\_\_\_\_\_ 5 pts. OC \_\_\_\_\_ 10 pts. OC

\_\_\_\_\_ 5 pts. Promo Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Disapproved by: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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 CAREFULLY TO SEE IF YOU QUALIFY. IF YOU DO, BE SURE TO COMPLETE THIS SHEET. ANYONE ELIGIBLE FOR OR RECEIVING ANY VETERAN'S PENSION BENEFIT BASED EXCLUSIVELY ON LENGTH OF MILITARY SERVICE IS NOT ELIGIBLE.

**VETERAN ELIGIBILITY FOR OPEN COMPETITIVE EXAMINATION (5 POINTS)**

MUST BE A UNITED STATES CITIZEN OR RESIDENT ALIEN 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, OR 3) WHO HAVE MET THE MINIMUM ACTIVE DUTY REQUIREMENT AS DEFINED BY SECTION 3.12A OF TITLE 38, CODE OF FEDERAL REGULATIONS.

**DISABLED VETERAN ELIGIBILITY FOR OPEN COMPETITIVE EXAMINATION (10 POINTS)**

MUST HAVE A 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.

**DISABLED VETERAN ELIGIBILITY FOR PROMOTIONAL EXAMINATION (5 POINTS)**

MUST, AT THE TIME OF ELECTION TO USE PREFERENCE, BE ENTITLED TO DISABILITY COMPENSATION FOR A PERMANENT SERVICE-CONNECTED DISABILITY RATED 50% OR MORE AND THE POSITION FOR WHICH HE/SHE IS APPLYING **MUST BE THE FIRST PROMOTION AFTER ENTERING PUBLIC EMPLOYMENT.**

**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

**TO CLAIM VETERAN'S PREFERENCE FILL OUT THIS FORM.**

# HAVE YOU ...

1. Signed your application?
2. Attached transcript(s), resume(s), or other as requested?
3. Provided sufficient information so that proper credit for training and experience is given?
4. Completed the claim for Veteran's Preference if applicable to you? Also, a copy of your DD Form 214 is to be attached to the Claim Form by the closing date or appeals date to receive points.
5. Letter from VA in proof of disability must be submitted by the closing date or appeals date to receive points.

*Adjustments on the application after the closing date may be allowed. However, no adjustments to the application will result in an adjusted rank or score unless such adjustments occur during the appeal period. Adjustments may be made by attaching a separate sheet of paper acknowledging the additional information.*

# APPLICANT COMPLETE:

This information will be separated from your application and will not be used as part of the merit selection process. In the need of an affirmative action hire, this information may be used.

Furnishing the information below is voluntary. Except as indicated above, the information will not affect you as an individual applicant. The information will not be kept in personnel files and will not be made available to any person involved in decisions affecting any individual's employment or promotion to a position. The information will be used for test validation, research, and reporting on Equal Opportunity and Affirmative Action Program.

YOUR NAME: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY OF RESIDENCE: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

SEX:  MALE  FEMALE

ETHNIC GROUP:  AMERICAN INDIAN/ALASKAN NATIVE  HISPANIC  
 ASIAN PACIFIC  BLACK  WHITE  OTHER

HOW DID YOU LEARN ABOUT THIS JOB?  EMPLOYMENT AGENCY

NEWSPAPER (NAME) \_\_\_\_\_

SCHOOL (SPECIFY) \_\_\_\_\_

COUNTY EMPLOYEE  WALK IN  COUNTY JOB HOTLINE

COUNTY WEBSITE  OTHER WEBSITE (SPECIFY) \_\_\_\_\_

OTHER (SPECIFY) \_\_\_\_\_

ARE YOU DISABLED/HANDICAPPED?  YES  NO

"DISABILITY/HANDICAP" IS DEFINED AS "A HANDICAPPING CONDITION WHICH SUBSTANTIALLY LIMITS ONE OF LIFE'S MAJOR ACTIVITIES SUCH AS WALKING, CARING FOR YOURSELF, SEEING, HEARING, SPEAKING, PERFORMING MANUAL TASKS, BREATHING, LEARNING WORK." DO NOT ANSWER "YES" TO THIS QUESTION, IF, FOR EXAMPLE, YOU HAVE A VISUAL PROBLEM CORRECTED BY GLASSES OR CONTACTS.

ARE YOU APPLYING FOR THIS JOB ON A/AN:

INTERNAL/PROMOTIONAL/TRANSFER BASIS (EXISTING ITASCA COUNTY EMPLOYEE., EXCLUDING THE GRAND VILLAGE NURSING HOME, AND GRAND ITASCA CLINIC & HOSPITAL)

OPEN COMPETITIVE BASIS

## **PLEASE COMPLETE THE FOLLOWING:**

A. DO YOU HAVE SPECIAL NEEDS WHICH MAY NECESSITATE ACCOMMODATIONS IN THE TEST FACILITY OR TEST PROCESS?  YES  NO\*

IF YES, PLEASE FILL IN YOUR NAME \_\_\_\_\_

LIST KNOWLEDGEABLE PERSON OR AGENCY AND PHONE NUMBER WE MAY CONTACT FOR ADDITIONAL INFORMATION REGARDING YOUR REQUEST.  
\_\_\_\_\_

\* ONLY TO BE USED DURING THE RECRUITMENT PROCESS.

**PLEASE  
SEE  
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