



## APPLICATION FOR EMPLOYMENT

Complete all applicable areas. **Do not mark your application “SEE RESUME”.** An incomplete application may reduce your opportunity for employment with Yellow Medicine County. **Applications must be received by the application deadline. Late applications will not be considered.**

### I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Yellow Medicine County to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation or age.

### II. DATA PRIVACY NOTICE

The information requested on this application is intended to be used by Yellow Medicine County in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in Yellow Medicine County being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, Yellow Medicine County may be unable to provide the necessary accommodations if you do not provide the information in Section IV.

Under the law, the following data on you as an applicant is public. This means that it is available to anyone who asks to see it.

1. Veteran status
2. Relevant test scores
3. Your rank on our eligible list
4. Your job history
5. Your education and training; and
6. Your work availability

Your name is considered private until you are certified eligible for appointment to a vacancy or considered by the appointing authority to be a finalist for a position in public employment. For Yellow Medicine County purposes “finalist” means an individual who is selected to be interviewed by the appointing authority or their designee prior to selection. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside Yellow Medicine County without your consent except as necessary for tax purposes or otherwise required by state or federal law.

*(Please Type or Print in Ink)*

### III. POSITION DESIRED

Title of the Position for which you are applying: \_\_\_\_\_

Date available to begin employment: \_\_\_\_\_

**IV. PERSONAL DATA**

Name \_\_\_\_\_  
Last First Middle (No initials please)

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you either a U.S. citizen or legally eligible to hold employment in the United States? (proof of U.S. citizenship or immigration status will be required upon employment) Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously worked for Yellow Medicine County? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, position held/department: \_\_\_\_\_

If yes, under what name may your previous employment records be found?  
\_\_\_\_\_

Do you have any special needs which may necessitate accommodations in the application interview process? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the type of accommodation requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all other names under which you have been employed or under which your employment or educational records may be found. \_\_\_\_\_  
\_\_\_\_\_

How did you hear about this position? Please be specific: \_\_\_\_\_  
\_\_\_\_\_

**V. WORK/VOLUNTEER EXPERIENCE**

List all work and volunteer experiences (most recent listed first). Explain any gaps in employment in the section below. Attach additional sheets if necessary .

Employer Name: \_\_\_\_\_

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

Employer Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

May we contact this employer or organization? Yes \_\_\_\_\_ No \_\_\_\_\_

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Employer Name: \_\_\_\_\_

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

Employer Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

May we contact this employer or organization? Yes \_\_\_\_\_ No \_\_\_\_\_

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Employer Name: \_\_\_\_\_

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

Employer Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

May we contact this employer or organization? Yes \_\_\_\_\_ No \_\_\_\_\_

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Employer Name: \_\_\_\_\_

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

Employer Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

May we contact this employer or organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation of any gaps in employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**VIII. VETERANS PREFERENCE**

If you are a Veteran or the spouse of a disabled or deceased Veteran and wish to claim Veteran's Preference, complete the attached Veteran's Preference claim form and supply proof of your eligibility to claim a Veteran's Preference (DD214).

**IX. 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 whom you have worked. Indicate any who are related to you.

Name of Reference: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Position Held: \_\_\_\_\_

Name of Reference: \_\_\_\_\_  
Company: \_\_\_\_\_  
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Phone Number: \_\_\_\_\_  
Position Held: \_\_\_\_\_

Name of Reference: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Position Held: \_\_\_\_\_

**X. CRIMINAL AND CREDIT BACKGROUND INFORMATION**

Yellow Medicine County will request information regarding criminal history and may conduct a criminal background check in the event 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, Yellow Medicine County may also request information regarding credit history and may conduct a credit background check in the event you become a finalist for the position which you are applying. No offer of employment shall become final until receipt of the results of the criminal and credit background checks, the content of which is acceptable to Yellow Medicine County, and formal approval by the appointing authority.

**XI. PRIOR EMPLOYMENT**

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, identify the employer and describe the circumstances: \_\_\_\_\_

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

**XII. UNEXCUSED ABSENCE FROM WORK**

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family? \_\_\_\_\_

**XIII. NEPOTISM**

Name any relatives of yours working for Yellow Medicine County:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Department: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Department: \_\_\_\_\_

**XIV. SALARY INFORMATION**

Current or most recent employment – Beginning Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

**XV. CERTIFICATION, ACKNOWLEDGMENT AND RELEASE**

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me for consideration for employment and constitutes grounds for my immediate dismissal should I be employed by Yellow Medicine County.

**I understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the Yellow Medicine County Board or authorized appointing authority and that until such approval Yellow Medicine County shall not be liable for any reliance on any oral or written offers of employment made to me.

Unless otherwise indicated below\*, **I hereby authorize** in connection with this application any and all current and former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application, or any agent of such current or former employer or volunteer organizations, to release to Yellow Medicine County and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that Yellow Medicine County will use this information in determining my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature below.

**I hereby release** Yellow Medicine County and all current and former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, current and former employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

\*Specify any current or former employers and volunteer organizations that you do not authorize to release information about you to Yellow Medicine County.

List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are selected as a finalist for this position, you may be asked to authorize the employer(s) and organization(s) listed above to release to Yellow Medicine County and its agents any and all employment information in their possession.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(DO NOT PRINT)

**YELLOW MEDICINE COUNTY**  
**Human Resources Department**  
**180 8<sup>th</sup> Ave.**  
**Granite Falls, MN 56241**  
**Fax (320) 564-0927**

**VETERAN'S PREFERENCE**

**COMPLETE THIS FORM *ONLY* IF YOU ARE A VETERAN *AND* ARE CLAIMING VETERAN'S PREFERENCE**  
**NOTE: COPY OF DD214 MUST BE ATTACHED**

**You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact your local County Veterans' Service Office.**

Yellow Medicine County operates under a point preference systems which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, **or** by reason of disability incurred while serving on active duty, **or** after having served the full period called or ordered for federal active duty **and** be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing County employment.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If your DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

NAME (LAST)	(FIRST)	M	SOCIAL SECURITY NUMBER		POSITION FOR WHICH YOU APPLIED
					<b>Closing Date:</b>
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	PHONE NUMBER	ARE YOU A US CITIZEN OR RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

**Veteran (10 points)** (DD214 or DD215 must be submitted to receive points):

Honorably discharged veteran.....  YES       NO

**FOR DISABLED VETERANS (15 POINTS):** (DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

Percent of disability: \_\_\_\_\_%

Have you ever been promoted in Yellow Medicine County employment? .....  YES       NO

**FOR SPOUSES OF DECEASED VETERANS (5 points, 10 if the veteran was disabled):**

(DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of activity duty 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 (10 points):**

(Attach DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

Due to the veteran's service-connected disability the veteran is unable to qualify for this position because:  
 (be specific) \_\_\_\_\_

**AFFIDAVIT:** I hereby claim Veteran's Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required veterans preference verification documents and submit them to Yellow Medicine County by the required application deadline date.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

## Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans subject to the provisions of MN statute 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien,
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces;  
AND have either
  - i. served on active duty for at least 181 consecutive days, or
  - ii. have been discharged by reason of service connected disability, or
  - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
  - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1.) Attach a copy of the DD214 or DD215. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.  
**(DD214 "Member-1" copy will not be accepted)**
- 2.) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per MN Statute 197.455.
- 3.) A spouse of a deceased veteran applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215, USDVA verification that veteran died on or as a result of activity duty, a death certificate, verification of their marriage at the time of veteran's death and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with Yellow Medicine County. Please contact our office at (320) 564-5841 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference in public employment.