

Application for Employment – Pennington & Red Lake County

Public Health & Home Care ~ 101 Main Ave N, Thief River Falls MN 56701 ~ 218-681-0876

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

(PLEASE PRINT)

Position(s) Applied For _____	Date of Application _____
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Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	email address	

Best time to contact you at home is.....: _____ ^{AM} _{PM}

Are you currently employed?..... Yes ___ No ___

May we contact your present employer?..... Yes ___ No ___

Date available for work ___/___/___ Are you available for work: ___ Full-Time
 ___ Part-Time

Can you travel if the job requires it? Yes ___ No ___

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeships, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
3. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				
4. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason For Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

1.	_____	(_____)
	(Name)	Phone #

	(Address)	
2.	_____	(_____)
	(Name)	Phone #

	(Address)	
3.	_____	(_____)
	(Name)	Phone #

	(Address)	

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, Pennington & Red Lake County Public Health & Home Care is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect from you is private.

The information, collected from you or from other agencies or individuals authorized by you is used to determine if you qualify for employment. Disclosure of your social security number is voluntary unless you are hired. If hired, you must disclose it in order to be in compliance with state and federal tax withholding laws. If you do not supply the required information, Pennington & Red Lake County Public Health & Home Care will not be able to consider you for employment. The use of the private data we collect is limited to that necessary for the administration and management of the county hiring process. Persons or agencies with which this information may be shared include:

1. Personnel department employees.
2. Central administration employees.
3. Heads of departments where job openings occur.
4. Supervisors in departments where job openings occur.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data, must also treat the information as private.

You may exercise your rights as contained in the Minnesota Government Data Practices Act. These include:

1. The right to see and obtain copies of the data maintained on you.
2. Be told the contents and meaning of the data.
3. Contest the accuracy and completeness of the data.

To exercise these rights, contact Pennington & Red Lake County Public Health & Home Care Personnel Department.

I have read and understand the above information regarding my rights as a subject of government data.

Date

Signature