



CARLTON COUNTY

Human Resources Office
 PO Box 510, Carlton, MN 55718
www.co.carlton.mn.us

APPLICATION FOR EMPLOYMENT

(COMPLETE WITH TYPEWRITER OR INK)

Last Name	First Name	Middle Name	Date
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We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non job-related medical condition or handicap, or any legally protected status.

The following information is PUBLIC and must be given to anyone who requests it:

Veteran Status	Relevant Test Scores	Job History
Rank on Eligible List	Education and Training	Work Availability

All data on this application may be used by County Departments in the selection process. Information requested is not mandatory; however, we may not be able to process your application without it.

Residence Address: _____

Street	City/State/Zip	County
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Mailing Address: _____

(if different) _____

Street	City/State/Zip	County
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Home Phone: _____ Other Phone: _____

Email Address: _____

Title of Position Applied For: _____

Full-Time	Part-Time	Temporary	Seasonal
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Date Available for Employment: _____

Are you prevented from becoming lawfully employed in the County because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment.) YES NO

Are you at least 18 years of age? YES NO

If under 18, state birth date: _____

Are you a Veteran of U.S. Military Service?YES.....NO
A. Are you requesting Veteran's Preference?	YES, see below NO
B. Are you requesting Disabled Veteran's Preference?	YES, see below NO

If you answered YES to either A or B, you must furnish a copy of your D.D. 214 or other verifying documentation. Preference will not be granted without documentation. Complete the Veteran's Preference Claim on the back page.

"An Equal Opportunity Employer"

EDUCATION AND TRAINING

Do you have a high school diploma or GED equivalency? YES NO

Do you have education beyond high school or GED? YES -- Fully complete section below. NO

College, University, or Professional School (List all under-graduate and graduate work)		Dates of Attendance Month/Year		Number of Credits		DEGREE		Major Fields
Name	Location	From	To	QTR	SEM	AA, BA	Date Rec'd	
Business, Correspondence, Trade, Technical or Vocational Schools		Dates of Attendance Month/Year		FULL TIME	PART- TIME Hrs/Wk	Cert. Rec'd	% course complete	Courses Taken
Name	Location	From	To					

PROOF OF CREDENTIAL(S) REQUIRED!	If position requires a license, certification, registration or similar credential, ATTACH A PHOTOCOPY of the credential and fully complete information below.	
Credentialing Organization	Profession	Number

Do you have a valid Regular or Commercial Driver's License? YES — Number _____ NO

Which Commercial Driver's License do you have? CLASS A CLASS B If this job requires a CDL, you must ATTACH A PHOTOCOPY.

EMPLOYMENT EXPERIENCE

Start with your present or most recent employment. Include Military Service assignments and volunteer activities. Attach additional sheets if necessary. You may exclude organizations which might tend to indicate race, color, religion, gender, national origin, handicap or other protected status.

FULLY COMPLETE ALL SECTIONS. Do not leave blanks. Do not write "see resume".
Incomplete or omitted application information may result in your elimination from consideration for this position.

Employer:	Location:	Length of Employment: From:
Position:	Supervisor:	To:
Duties:		Total Years & Months:
2.		Hours per week:
3.		Salary:
4.		Part-Time or Full-Time:
5.		May we contact? YES NO
6.		Phone:
7.		Reason for leaving:
Machines/equipment you use:		

EMPLOYMENT EXPERIENCE

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 Incomplete or omitted application information may result in your elimination from consideration for this position.

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Employer:	Location:	From:
Position:	Supervisor:	To:
Duties.		Total Years & Months:
2.		Hours per week:
3.		Salary:
4.		Part-Time or Full-Time:
5.		May we contact? YES NO
6.		Phone:
7.		Reason for leaving:
Machines/equipment you use:		

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Employer:	Location:	From:
Position:	Supervisor:	To:
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Position:	Supervisor:	To:
Duties.		Total Years & Months:
2.		Hours per week:
3.		Salary:
4.		Part-Time or Full-Time:
5.		May we contact? YES NO
6.		Phone:
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Machines/ equipment you use:		

**CLAIM FOR
VETERAN'S PREFERENCE**

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

If the veteran served on active duty for a period of less than 181 consecutive days, does the veteran meet the minimum active duty requirements for eligibility for federal veterans benefits? Yes No

Is the veteran a United States citizen? Yes No

Date of entry into service _____ Branch _____

If reserve unit, submit evidence of service
of 181 or more consecutive days.

Date of release from active duty _____

Type of separation: Honorable Medical Other

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

Disability Claim Number _____ Percent of service connected disability _____

Currently Existing? Yes No State in which filed _____

For spouse of deceased veterans: Attach marriage certificate, death certificate and DD214 Form,

Date of Death _____ Have you remarried? Yes No

Occasionally, the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. Please use the space below to summarize any additional information necessary to describe your full qualifications, including any volunteer activities. Please list honors, organizations, and special skills acquired from previous employment or training. Current licenses and certifications may also be listed. Attach additional sheets as necessary.

REFERENCES

Please provide the name, address, occupation and phone number of three references who are not former employers or supervisors or related to you in any way.

NAME	ADDRESS	OCCUPATION	PHONE#
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1. _____

2. _____

3. _____

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for determining my eligibility for employment and do hereby release Carlton County from any and all liability of whatever nature by reason or requesting such information from any person.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

DATE: _____ SIGNATURE: _____

NAME _____ POSITION APPLIED FOR; _____

The following information is being collected in accordance with federally mandated affirmative action requirements. The information that you provide is voluntary. This sheet is not a part of the application file and will be separated from your application when it is received.

GENDER: **Female** **Male**

RACIAL/ETHNIC GROUP:

If you are Multi-Racial, please choose one race you most closely identify with:

WHITE: All persons having origins in any of the peoples of Europe (includes Spain, North Africa or the Middle East.

BLACK (African American): All persons having origins in any of the Black racial groups of Africa.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other non-European Spanish culture or origin (regardless of race) who retain cultural identification through name, community recognition, language and/or activities.

ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands and Samoa.

AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America who are enrolled members of Indian Tribes or are descendants of enrolled members to the first or second degree (a parent or grandparent) or who are recognized as Indians by the Secretary of Interior.

DISABILITY STATUS

A person with a disability is defined as:

1. Having a physical or mental impairment which substantially limits one or more major life activities.*
2. Having a record of such an impairment.
3. Being regarded as having such an impairment.

*Major life activities include caring for oneself, performing manual tasks, walking, talking, hearing, seeing, speaking, breathing, learning, and working.

NOTE: Temporary, nonchronic impairments of short duration, with little or no long-term impact, are usually not disabilities. A visual problem which has been corrected by glasses is usually not a disability. Veterans who are rated as "disabled" by the Veterans Administration are not automatically "disabled" under this definition.

Based upon the above information, do you claim disability status?

Yes No

Do you have special needs which may necessitate accommodations in the process? Yes No

Please describe the type of accommodation needed.

Job accommodations will be considered on a case-by-case basis in light of the essential functions of the job and individual needs.