SOUTHWEST HEALTH AND HUMAN SERVICES

APPLICATION FOR CLASSIFIED PERSONNEL POSITIONS

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Southwest Health and Human Services 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 Southwest Health and Human Services 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 Southwest Health and Human Services being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, Southwest Health and Human Services may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside Southwest Health and Human Services without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

III. POSITION DESIRED

Title of position for which you are applying: _____

How did you learn of the position: _____

Date available to begin employment: _____

IV. PERSONAL DATA

Name: _____
Last First Middle

Address: Street City State Zip

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States?
Yes ☐ No ☐
Have you previously worked for the 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.
_____
_____
_____

V. WORK/VOLUNTEER EXPERIENCE

List all work experience, whether or not relevant to this position, and all relevant volunteer experience, most recent to be listed first.

Employer Name: _____
Employer Address: _____
Job Title: _____
Job Duties: _____
_____
_____
Dates of Employment/Experience: _____
Reason for Leaving: _____

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_____
_____
Dates of Employment/Experience: _____
Reason for Leaving: _____

Attach additional sheets if necessary.

VI. LICENSURE

List current licenses, registrations, or certificates relevant to the position for which you are applying.

License/No.	Issued By	Date	Expiration

All applicable licenses or certifications must be received in the Personnel Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

VII. EDUCATION

Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent first.

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

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Major/Minor: _____
Dates of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

List/describe any other training and/or experience relevant to the position for which you are applying: _____
_____
_____

VIII. 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. Southwest Health and Human Services reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference: _____
Address: _____
Phone Number: _____ Title: _____

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Phone Number: _____ Title: _____

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Address: _____
Phone Number: _____ Title: _____

IX. VETERAN STATUS

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points?

Yes ☐ No ☐

Do you wish to claim Veteran's Preference Points? Yes ☐ No ☐

If you are a disabled veteran and wish to claim additional points, please check here.

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within five (5) business days.

X . 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 so, identify the employer and describe the circumstances:

_____
_____
_____

XI. PERSONAL STATEMENT

Please indicate why you are interested in the position and what you hope to accomplish if selected. _____
_____
_____
_____
_____

XII. UNEXCUSED ABSENCES 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. CERTIFICATION, ACKNOWLEDGEMENT, 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 from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by Southwest Health and Human Services.

I understand, acknowledge, and agree that no offer of employment is valid or binding until formal approval by the Southwest Health and Human Services Board or the appointing authority referenced in the job description and that until such approval that Southwest Health and Human Services shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** 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 a former employer or volunteer organizations, to release to Southwest Health and Human Services 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 Southwest Health and Human Services will use this information to determine my fitness/qualifications for this position I am seeking. This authorization expires one year from the date of my signature, below.

I hereby release Southwest Health and Human Services and all former employers, volunteer organizations, and references listed herein and any and all agents acting on behalf of said Southwest Health and Human Services, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

_____ _____

Date Signature (Do Not Print)