Minnesota Counties Information Systems
413 SE 7th Avenue, Grand Rapids, MN 55744
Phone 218-326-0381

Application for Employment

Application for Employment

Title of Specific Position for Which You Are Applying		Date of Application	Date Available for Work

Last Name	First Name	Middle Initial	County of Residence

Mailing Address	City	State	Zip

Residence Phone Number	Mobile Number	E-mail Address

Best way to contact you? Mobile: Email:	Are you 18 years of age or over? Yes No If no, state Date of Birth: _____	Education: Did you graduate from high school or receive a GED?? Yes No School Attended Years of education beyond High School?

VETERAN STATUS

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veterans' Preference points?   ☐ Yes   No

Do you wish to claim Veterans' Preference points?   Yes   No

If you are a disabled veteran and wish to claim additional points, please check here.   Yes   No

Proof of applicable military status/eligibility appropriate forms, such as a DD214 form, will be required in order to claim credits. (Refer to end of Document for additional instructions)

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

Important Facts About Information On Your Application

This application is to assist in the hiring process. Certain information requested on the application is not public. It will be released only to you or to persons within the organization who need to know it in order to perform their job duties. If you are hired, the data will be available to the Internal Revenue Service and the Social Security Administration for payroll and tax purposes.

Private Data	Why we ask for it	Are you legally obligated to provide it?	What may happen if you don't provide it?
Date of Birth (If under 18)	To comply with child labor laws.	Only if you are under age 18.	Failure to provide information may be cause for rejecting an applicant.
Mailing Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an applicant.
Residence Phone Number Business Phone Number Fax Number E-Mail Address	To be able to contact you to determine availability for an interview.	No	We might not be able to contact you for an interview.
Veteran Information	To determine if you are eligible for and if you desire Veterans' Preference.	No	We will not be able to apply Veterans' Preference points in our rating process.

List all employment history (most recent first).
If you need more than three entries, copy this page.

Position Title: .... _____
Employing Firm: ...... _____
Address: .... _____
Phone Number: .... _____
Supervisor Name: .... _____
Supervisor Title: ...... _____

Briefly Describe Responsibilities

Length of employment:

From_____ To_____
Month / Year   Month / Year

Reason for Leaving

May we contact this employer?
Yes   No

If no, please explain

Position Title: .... _____
Employing Firm: ...... _____
Address: .... _____
Phone Number: .... _____
Supervisor Name: .... _____
Supervisor Title: ...... _____

Briefly Describe Responsibilities

Length of employment:

From_____ To_____
Month / Year   Month / Year

Reason for Leaving

May we contact employer?
Yes   No

If no, please explain

Position Title: ....
Employing Firm: ......
Address: ....
Phone Number: ....
Supervisor Name: ....
Supervisor Title: ......

Briefly Describe Responsibilities

Length of employment:

From_____ To_____
Month / Year   Month / Year

Reason for Leaving

May we contact employer?
Yes   No

If no, please explain

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Name and Location of College, University, Technical Schools	Did You Graduate?	Certificate or Degree	Course of Study
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		

Job Relevant Volunteer and/or Unpaid Work Experience

Kind of Activity (Do not specify organization)	Major Responsibilities	Number of Hours /Week	Length of Service

Describe any additional experience or training, including governmental experience that qualifies you for this job:
_____
_____
_____

Give us the names of three people, other than relatives, who can be contacted regarding your qualifications, work habits, and character.

Name	Current Address	Position / Relation to Your Work	Phone/E-mail
			Home: Work: E-mail:
			Home: Work: E-mail:
	Á	Á	Home Á Á Work: E-mail:

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In accordance with the Immigration Reform and Control Act of 1986, this employer hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

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   ading 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 MCIS.

I **understand, acknowledge and agree t**hat no offer of employment is valid or binding until formal approval by the MCIS Board or the appointing authority referenced in the job description and that until such approval that MCIS 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 MCIS 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 MCIS will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature,below.

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

DO NOT E-SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT
By my e-Signature below, I certify that I have read, fully understand and accept all terms of the foregoing statement. Please signify your acceptance by entering the information requested in the fields below

Date Signed

Once signed and dated download and save filled PDF to your device and email with resume and cover letter

If you are eligible and applying for Veterans Preference, please attach to your application a copy of document(s) listed for the option that applies to you:
Veteran: DD214 noting character of service.
Disabled Veteran: DD214 & compensable disability award letter issued within the last 6 months.
Spouse of Disabled Veteran: DD214 & compensable disability award letter issued within the last 6 months & marriage certificate. (Eligible only if Veteran is unable to qualify because of the disability)
Spouse of Deceased Veteran: DD214, Marriage Certificate and Death Certificate.
Please refer to Minnesota Statute 197.455 for additional requirements.