



# Application for Personnel Positions

Serving Big Stone, Chippewa, Lac qui Parle, Swift, & Yellow Medicine Counties



Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY** Countryside Public Health is an Equal Opportunity Employer. It is the policy of Countryside Public Health not to discriminate in employment matters on the basis of race, creed, color, age, religion, marital status, national origin, sex, or status with regard to public assistance, disability, or sexual orientation.

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**DATA PRIVACY NOTICE** The information requested on this application is intended to be used by Countryside Public Health in determining suitability for employment for the position which you are currently seeking or may seek in the future. If hired, the information may later be used for consideration for other positions, verification of employment history or disciplinary action in the event that the information provided is not truthful. 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 our agency being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, Countryside Public Health may be unable to provide the necessary accommodations if you do not request such accommodations as stated below. The information on this application which is classified as private data under the Minnesota Government Data Practices Act (MGDPA) will not be released outside our agency without your consent except as necessary for tax purposes or as otherwise required by State or Federal law. Information which is classified as public data will be released pursuant to the terms of the MGDPA.

## Personal Information

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Today's Date</b>
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<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail Address

Are you a United States Citizen or legally eligible to work in the U. S.? YES  NO   
*(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)*

Are you 18 or over? YES  NO

<b>Title of Position Applying For</b>	<b>Date Available to Work</b>
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Have you been previously interviewed or employed by Countryside Public Health ? YES  NO   
*If Yes, list date(s), job title(s), and under what name may your previous employment records be found:*

Do you have any relatives currently working for Countryside Public Health? YES  NO   
 If Yes, list names and relationship to you:

Are you employed now? If so, may we contact your present employer?

**If you have any special needs which may necessitate accommodations in the application or interview process, please contact the Human Resources Department to make a request.**

**Employment History** This information will be the official record of your employment history and must accurately reflect all significant duties performed. Please provide the following information for your previous employers, beginning with the most recent: (Please attach an additional page if necessary, do not use “see attached resume”.)

Employer Name:		Immediate Supervisor Name:	Position Title:				
Address:	Telephone No.:	Starting Date			Ending Date		
		Mo.	Day	Yr.	Mo.	Day	Yr.

Summary of experience including special training/skills/qualification you have used in the performance of this job, along with assigned duties:

Reason for Leaving:

Employer Name:		Immediate Supervisor Name:	Position Title:				
Address:	Telephone No.:	Starting Date			Ending Date		
		Mo.	Day	Yr.	Mo.	Day	Yr.

Summary of experience including special training/skills/qualification you have used in the performance of this job, along with assigned duties:

Reason for Leaving:

Employer Name:		Immediate Supervisor Name:	Position Title:				
Address:	Telephone No.:	Starting Date			Ending Date		
		Mo.	Day	Yr.	Mo.	Day	Yr.

Summary of experience including special training/skills/qualification you have used in the performance of this job, along with assigned duties:

Reason for Leaving:

Employer Name:		Immediate Supervisor Name:			Position Title:		
Address:	Telephone No.:	Starting Date			Ending Date		
		Mo.	Day	Yr.	Mo.	Day	Yr.
Summary of experience including special training/skills/qualification you have used in the performance of this job, along with assigned duties:							
Reason for Leaving:							

Employer Name:		Immediate Supervisor Name:			Position Title:		
Address:	Telephone No.:	Starting Date			Ending Date		
		Mo.	Day	Yr.	Mo.	Day	Yr.
Summary of experience including special training/skills/qualification you have used in the performance of this job, along with assigned duties:							
Reason for Leaving:							

<b>Prior Employment</b>
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 <input type="checkbox"/> NO <input type="checkbox"/>
If so, identify the employer and describe the circumstances:
List all other names under which you have been employed or under which your employment or educational records may be found:

<b>Unexcused Absence From Work</b>
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?

**Education** Include high school and/or institution issuing GED and any additional education/courses taken. List most recent first. Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.

High School Graduate or GED ? YES  NO

If yes, name and location of high school or GED institute:

**Undergraduate Colleges or Universities / Graduate Schools / Technical or Vocational School Information**

Name of School

Location of School

Dates Attended (From MM/YR : To MM/YR)

Degree / Diploma Received:

Major / Minor

Name of School

Location of School

Dates Attended (From MM/YR : To MM/YR)

Degree / Diploma Received:

Major / Minor

Name of School

Location of School

Dates Attended (From MM/YR : To MM/YR)

Degree / Diploma Received:

Major / Minor

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

License / Certification (P.E., R.N., C.P.A., etc.)	Date Issued	Date Expires	Issued by/Location of issuing authority (City & State)	License No.

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

**Personal Statement**

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

**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. *Countryside Public Health reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.*

Name / Title:	Address:	Phone #	Relationship/Occupation	Yrs. Known

**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

Are you the spouse of a deceased honorably discharged veteran or disabled veteran who is unable to work due to such disability? 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.

**Criminal Background Information** Countryside Public Health will request information regarding criminal history in the event that 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, Countryside Public Health may conduct a criminal background check on individuals upon making a contingent job offer. Please refer to the job description for this position to determine if such a check will be conducted. If the job description or other application material states that a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check, and the content of which is acceptable to Countryside Public Health Administration, and formal approval by the appointing authority.

**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 Countryside Public Health.

**I understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the Countryside Public Health Board or the appointing authority reference in the job description and that until such approval that Countryside Public Health 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 organization”) and references named in this application, or any agent of such a former employer or volunteer organizations, to release to Countryside Public Health 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 Countryside Public Health 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** Countryside Public Health and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said Countryside Public Health, former employers, volunteer organizations or reference, for any and all liability of whatever nature by reason of requesting or providing such information.

**THIS APPLICATION MUST BE SIGNED**

**X**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date





# Applicant EEO Data Form



The information requested below is **optional** and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and **will not be considered** as part of the application for employment. It will be separated from the application.

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
Street Address		City		State      Zip Code	
Home Phone: (____) ____-____		Cell Phone: (____) ____-____		Other: (____) ____-____	
Sex      Male <input type="checkbox"/> Female <input type="checkbox"/>	Birthdate ____/____/____		Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>		
Veteran   YES <input type="checkbox"/> NO <input type="checkbox"/>	Orphan of Veteran   YES <input type="checkbox"/> NO <input type="checkbox"/>		Surviving Spouse of Veteran who has not remarried   YES <input type="checkbox"/> NO <input type="checkbox"/>		
Ethnic Origin      W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> P-Asian/Pac. Islander <input type="checkbox"/>		I-American Indian <input type="checkbox"/> O-Other <input type="checkbox"/>			
How did you <b>first</b> find out about this job?					
<input type="checkbox"/> Other Agency Employee		<input type="checkbox"/> Recruitment Poster			
<input type="checkbox"/> Job Fair		<input type="checkbox"/> Television			
<input type="checkbox"/> Professional Publication		<input type="checkbox"/> Newspaper _____ (name of newspaper)			
<input type="checkbox"/> Human Resource / Personnel Office		<input type="checkbox"/> Radio			
<input type="checkbox"/> Agency Website		<input type="checkbox"/> Minnesotaworks.net			
<input type="checkbox"/> Other (specify) _____					

**X** \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date