

Fairview Care Center Application for Employment

(Owned by County of Dodge)

Position Applied For

Date of Application

Important Information About Completing Your Application

- Be sure to read and sign your application in the appropriate places.
- Each posted position requires a new application.
- Applications received after the closing date and time will not be accepted.
- Dodge County uses a 100-point system to assign value to experience and training that relates most closely to the position you are applying for. Your application will be scored using the value system designed for this position. Interviews will be scheduled based upon this scoring system. Veterans may apply for Veterans Preference points (pg. 6)

 Last Name

 First Name

 Middle Name

 Street Address

 City

 State

 Zip Code

 Day Telephone Number

 Cellphone Number

 Email Address

Have you ever been employed by Fairview before?

Yes

No

If yes, dates of employment: _____

List all other names under which your employment or educational records may be found:

Are you available to work:

Full Time

Part Time

Temporary

Seasonal

What shift(s) are you available to work?

Day

Evening

Night

What date would you be available to work: _____

Criminal Background Information: The County 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, the County will conduct a criminal background check on individuals upon making a contingent job offer. No offer of employment shall become final until receipt of the results of the criminal background check from the BCA or other agency, the content of which is acceptable to the County, and formal approval by the appointing authority.

Are there any current or pending actions against your license or certificate that have, or may result in an adverse action against you, a limitation in your practice, or the issuance of a conditional license? Yes No

If yes, please explain. _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States?

Yes

No

Fairview Care Center welcomes you as an applicant for employment. As an equal opportunity employer, Dodge County considers applicants for all positions without regard to race, color, creed, age, religion, national origin, gender, disability, status with regard to public assistance, sexual orientation, marital or veteran status or any other legally protected status.

WORK/VOLUNTEER EXPERIENCE

List all work and volunteer experience in the last ten years, most recent first. Be Complete—Scoring is based on the information you provide on this form. Resumes welcome, but do not write “SEE RESUME.” Include reason for desiring to leave current employer.

Employer Name:	Dates of Employment:
Employer Address:	
Supervisor’s Name/Title:	Phone Number:
May We Contact? Yes No Why Not?	
Your Position/Job Title:	Reason for Leaving:
Full-Time Part-Time: average hours per week	Salary: hourly annually
Principle Duties/Responsibilities:	

Employer Name:	Dates of Employment:
Employer Address:	
Supervisor’s Name/Title:	Phone Number:
May We Contact? Yes No Why Not?	
Your Position/Job Title:	Reason for Leaving:
Full-Time Part-Time: average hours per week	Salary: hourly annually
Principle Duties/Responsibilities:	

Employer Name:	Dates of Employment:
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May We Contact? Yes No Why Not?	
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Employer Name:	Dates of Employment:
Employer Address:	
Supervisor's Name/Title:	Phone Number:
May We Contact? Yes No Why Not?	
Your Position/Job Title:	Reason for Leaving:
Full-Time Part-Time: average hours per week	Salary: hourly annually
Principle Duties/Responsibilities:	

Attach Additional Sheets If Necessary

OFFICE SKILLS						
Check the office equipment and/or software you are skilled in operating/using:						
Keyboard:	wpm	Calculator	Adding Machine	Personal Computer		
Word	Excel	Access	Outlook	PowerPoint	Front Page	
Maxis	Prism	SSIS	Other:			

PRIOR EMPLOYMENT		
Have you ever been discharged or forced to resign from prior employment?	Yes	No
If so, identify the employer and describe the circumstances:		

PRIOR UNEXCUSED ABSENCES FROM WORK
How many unexcused absences from work did you have during the preceding three (3) years, other than absences due to illness or injury of you or your immediate family?

PERSONAL STATEMENT
Please indicate why you are interested in this position:

EDUCATION AND TRAINING

Have you graduated from High School or received a GED? Yes No

Name of high school attended: _____

Undergraduate or Technical College	School Name & Location			
	Major/Minor			
	Dates Attended		thru	
	Graduated	Yes	No	Diploma/Degree
Graduate or Professional	School Name & Location			
	Major/Minor			
	Dates Attended		thru	
	Graduated	Yes	No	Diploma/Degree
Other (specify)	School Name & Location			
	Major/Minor			
	Dates Attended		thru	
	Graduated	Yes	No	Diploma/Degree

Describe any related trainings, internships, specialized skills and/or computer experience/programs used and any other additional information we should consider:

Some positions may involve driving; do you have a valid Driver's License? Yes No

List and provide photocopies of all current licenses, registrations or certificates relevant to the position you are applying for:

License, Certificate or Registration	Expiration Date	Licensing Agency

Can you perform the essential functions of this position with or without accommodations? Yes No
 If accommodations are required for the interview process, please notify the County when contacted regarding an interview.

REFERENCES

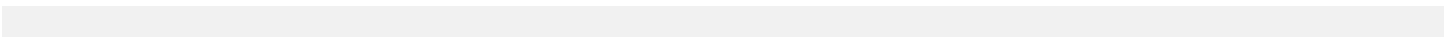
The County reserves the right to contact all prior employers, educational institutions, or institutions where you have volunteered in addition to the references listed below. I agree to release Dodge County, Former Employers, volunteer organizations and the following people from any claims arising out of factual information they provide as a result of this application. These people should be in a position to discuss your qualifications for the position you seek. Do not list any friends or relatives. If it is the policy of one of your previous employers not to provide detailed references, please include a letter of recommendation or performance reviews from that employer.

Signature of Applicant _____

Name:	Job Title:	Phone:
Address:		Relationship:

Name:	Job Title:	Phone:
Address:		Relationship:

Name:	Job Title:	Phone:
Address:		Relationship:



Notice to County Applicants - Tennesen Warning

In accordance with the Minnesota Government Data Practices Act, Dodge County is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public. The personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment at Dodge County. All data collected is considered private except for the following:

1. Your veteran's status
2. Relevant test scores
3. Your rank on our eligibility list
4. Your job history
5. Your education and training
6. Your work availability

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information. In the event you are hired by Dodge County, additional information (list available from Personnel) becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules and regulations of Dodge County. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, to appropriate county employees, and others as provided by state and federal law who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private. Except for race, sex, age and disability data, the information you give us about yourself is needed to identify you and to assist the Dodge County Employee Relations Office in determining your suitability for the position for which you are applying. Race, sex, age and disability data are used in summary form by the County to monitor protected class employment and to meet federal, state and local reporting requirements.

Applicant Certification

1. I certify that answers given herein are true and complete to the best of my knowledge.
2. I authorize investigation of any and all information which may concern my previous employment record, including results of state or federally mandated drug and/or alcohol tests. I hereby release my present and former employers, any city, county, or state law enforcement agencies, and all persons whomsoever from any damage resulting from furnishing said information.
3. I understand that any false or misleading information provided, or omissions or concealment of fact(s), may result in disqualification from consideration of employment, and constitutes grounds for immediate dismissal should I be employed by Dodge County. I further understand that I will be subject to a criminal background check and that an offer of employment may be rescinded based on information from that background check.
4. I understand that this application is not intended to be a contract of employment, and that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time.
5. I understand the above statement "Notice to County Applicants - Tennesen Warning" regarding the Minnesota Government Data Practices Act (MN Statutes 13.04 and 13.43).
6. I certify that I am fully aware of the essential functions of the position and am capable of carrying them out with or without reasonable accommodations.*
7. I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the County Board and that until such approval that the County shall not be liable for any reliance on any oral or written offers of employment made to me.
8. I also understand that, upon acceptance of employment, a one-year evaluation period applies before transferring to regular employment status.

Signature of Applicant

Date

Please return this application to:
Fairview Care Center
Attn: Business Office, PO Box 10, Dodge Center, MN 55927
(507) 635-6400 or Fax (507) 374-2907 - if faxed, signed original must immediately follow.
*If accommodations are requested, it must be agreed on prior to employment.

Veterans Preference Instructions

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214 OR OTHER MILITARY DOCUMENTS MUST BE SUBMITTED WITHIN 7 CALENDAR DAYS AFTER THE APPLICATION DEADLINE FOR THE POSITION. (Veteran is defined by Minn. Stat. § 197.447) You are not required to supply this information, but we cannot award veteran points without it.

The Veteran must:

- be a U.S. citizen or resident alien
- have received a discharge under honorable conditions from any branch of the U.S. Armed Forces
- AND have either
 - served on active duty for a minimum of 181 consecutive days, or
 - have been discharged by reason of service connected disability, or
 - have completed the minimum active duty requirement of federal law as defined by CFR Title 38, Section 3.12a, having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - have certified service and verification of "veteran status" granted under U.S. PL 95-202.

Veteran is self spouse (if spouse, veteran's name: _____)

Branch of Service _____ Service Number _____

Dates of Active Duty _____ to _____

Rank at Discharge _____ Type of Discharge _____

VETERAN (10 points) "Member copy 4" of DD214 or DD215 must be submitted to receive points.

Honorably Discharged Veteran Yes No

DISABLED VETERAN (15 points) "Member Copy 4" of DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.

Qualified Disabled Veteran Yes No

Percent of Disability _____%

SPOUSE OF DECEASED VETERAN (10 points or 15 points if the veteran was disabled at time of death) "Member Copy 4" of DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.

Date of Death _____ Have you remarried? Yes No

SPOUSE OF DISABLED VETERAN (15 points) "Member Copy 4" of DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.

How does Veteran's disability prevent performance of a stated job "requirement"? Due to the veteran's service-connected disability the veteran is unable to qualify for this position because of the following (please be specific):

I hereby claim veteran's preference for this position and certify that the information given in this document is true and correct. I also authorize the release of necessary information by the Veterans Administration to the Dodge County Employee Relations Department.

Signature of Applicant

Date