

Fairview Care Center Application for Employment (Owned by Dodge County)

Fairview Care Center
702 10th Avenue, PO Box 10
Dodge Center, MN 55927

Phone: 507.374.2578

Fax: 507.374.2907

www.co.dodge.mn.us

Position Applied For: _____ Date Submitted: _____

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.
- Fairview Care Center 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, (see pg. 6)

Last Name First Name Middle Name

Address Street City State Zip Code

Telephone Number(s) - day / evening / cell

Have you ever been employed with us before? (if so, when?) _____

Are you available to work: _____ Full Time _____ Part Time _____ Temporary _____ Seasonal

What shift(s) are you available to work? _____ Day _____ Evening _____ Night

On what date would you be available for work? _____

Have you ever been convicted of a misdemeanor or a felony? _____ If yes, please explain _____

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? _____ If yes, please explain _____

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

Fairview Nursing Home welcomes you as an applicant for employment. As an equal opportunity employer, Fairview 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, most recent to be listed first. If you need additional space, please continue on a separate sheet of paper. Please explain all breaks in employment over two months. **Be Complete - Ratings are determined by the information you provide on this form and your score is based in it. While resumes are welcome, please do not say "see resume."** Include reason for desiring to leave current employer.

Employer: _____	Dates of employment: _____ to _____
Address: _____	
May we contact? Yes ___ No ___ Why? _____	
Supervisor's name/title: _____	
Supervisor's phone number: _____	Reason for leaving: _____
Your position/job title: _____	Salary: _____
Principle duties/responsibilities: _____	

Employer: _____	Dates of employment: _____ to _____
Address: _____	
May we contact? Yes ___ No ___ Why? _____	
Supervisor's name/title: _____	
Supervisor's phone number: _____	Reason for leaving: _____
Your position/job title: _____	Salary: _____
Principle duties/responsibilities: _____	

Employer: _____	Dates of employment: _____ to _____
Address: _____	
May we contact? Yes ___ No ___ Why? _____	
Supervisor's name/title: _____	
Supervisor's phone number: _____	Reason for leaving: _____
Your position/job title: _____	Salary: _____
Principle duties/responsibilities: _____	

Attach Additional Sheets If Necessary

Employer:	_____	Dates of employment:	_____	to	_____
Address:	_____				
May we contact?	Yes	____	No	____	Why? _____
Supervisor's name/title:	_____				
Supervisor's phone number:	_____	Reason for leaving:	_____		
Your position/job title:	_____	Salary:	_____		
Principle duties/responsibilities:	_____				

Employer:	_____	Dates of employment:	_____	to	_____
Address:	_____				
May we contact?	Yes	____	No	____	Why? _____
Supervisor's name/title:	_____				
Supervisor's phone number:	_____	Reason for leaving:	_____		
Your position/job title:	_____	Salary:	_____		
Principle duties/responsibilities:	_____				

PRIOR EMPLOYMENT	
Have you ever been discharged or forced to resign from prior employment?	_____
If so, identify the employer and describe the circumstances:	_____

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

Education and Training

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

Name of high school attended: _____

Educational Institution	Name & Address of School	Major/Minor	Dates Attended	Diploma / Degree Obtained
Undergraduate or Tech College				
Graduate or Professional				
Other (Specify)				

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

If Position Involves Driving: Valid Driver's License # _____ Class: _____ State of Issue: _____

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

References The Facility 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 Fairview Care Center, 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. Indicate any who are related to you. 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

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, Fairview Care Center 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 Fairview Care Center/Dodge County. All data collected is considered private except for the following:

- | | |
|--------------------------------------|--------------------------------|
| 1. Your veteran's status | 4. Your job history |
| 2. Relevant test scores | 5. Your education and training |
| 3. Your rank on our eligibility list | 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 Fairview Care Center, 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 Fairview Care Center. 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 us 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

- I certify that answers given herein are true and complete to the best of my knowledge.
- 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.
- 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 Fairview Care Center. 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.
- 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.
- 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).
- 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.*
- 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.
- 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) 374-2578 or Fax (507) 374-2907 - if faxed, signed original must immediately follow.
*If accommodation is requested it must be agreed to prior to employment.

Veterans Preference Instructions

You are not required to supply this information, but we cannot award veteran points without it.

Fairview Care Center awards preference points to qualified veterans and spouses of deceased veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. **A person who is receiving or eligible to receive a monthly veterans pension based exclusively on length of military service will not qualify for preference.** To be eligible for veterans preference points you must be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or have met the federal minimum active duty requirement and be a citizen of the United States or a resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of disability is not able to qualify. To qualify for preference on a promotional exam, you must be entitled to disability compensation for a permanent service connected disability rated at 50% or more, or be the spouse of such a veteran who because of the disability is unable to qualify or earn a living. Persons eligible for such preference may only use it for the first promotion after securing public employment.

Veteran is ____ self ____ spouse (if spouse, veterans name)_____

Branch of Service_____ Service Number _____

Dates of Active Duty (from)_____ (to)_____

Rank at Discharge_____ Type of Discharge_____

Do your years of service qualify you for a military pension? _____ Yes _____ No

Do you have a compensable service related disability? ____ Yes ____ No ____ % Disability

Disability Claim No. _____ Currently existing? _____ Yes ____ No

Preference requested:

_____ Veteran (Eligibility for Open Competitive Position - 5 points)

_____ Spouse of Deceased Veteran (Eligibility for Open Competitive Position - 5 points)

_____ Disabled Veteran (or spouse) (Eligibility for Open Competitive Position - 10 points)

_____ Disabled Veteran (or spouse) (Eligibility for Promotional Position - 5 points)

If you are requesting veteran's preference, you must supply a copy of your DD214 or other separation papers within 7 calendar days after the application deadline for the position. Disabled veterans must also supply a letter from the VA as proof of disability to receive points. Spouses applying for preference points must supply a qualifying marriage certificate, the veterans DD214 and letter from the VA or death certificate. Spouses are ineligible to receive points if you have remarried or were divorced from the veteran.

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 Fairview Care Center or the Dodge County Employee Relations Department.

Signature of Applicant

Date

Affirmative Action Applicant Information

This information will only be used for record keeping/statistical purposes and to comply with Equal Employment Opportunity/Affirmative Action law. The information that you provide is voluntary. This sheet is not part of the application file and will be separated from your application when it is received in the Business/Personnel Office.

Name: _____ Position Applied for: _____

Gender: Male _____ Female _____

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, North Africa or the Middle East.

_____ **Black:** All persons having origins in any of the Black African racial groups.

_____ **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.

_____ **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North American who are enrolled members of Indian Tribes or are descendants of enrolled members (a parent or grandparent) or who are recognized as Indians by the Secretary of Interior.

_____ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other non- European Spanish culture or origin (regardless of race).

Disability Status:

A person with a disability is defined as:

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

Job accommodations will be considered on a case-by-case basis with essential function determinations being made for the position vacancy.

Based upon the above information, do you claim disability status? _____ Yes _____ No

Do you have special needs which may necessitate accommodations in the test or interview facilities or process? _____
Yes _____ No Please describe the type of accommodation needed:

(over)

Applicant Source Information

How did you learn about this position?

_____ Dodge County Newspaper (specify) _____

_____ Rochester Post Bulletin

_____ Owatonna People's Press

_____ Other Newspaper (specify) _____

_____ Job Service

_____ Posted Announcement (where) _____

_____ Walk In

_____ County Employee Referral

_____ Employment Agency (specify) _____

Applicant Personal Information

(needed for timekeeping and payroll)

Date of Birth _____

Address _____

(street address and apt #)

(city, state, zip)

Social Security Number _____ - _____ - _____

For Personnel Office Use

Date Hired: _____ For What Department: _____ Position: _____

Salary: _____ Per Hour Start Date: _____