



**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 <input type="checkbox"/>	No <input type="checkbox"/>	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 <input type="checkbox"/>	No <input type="checkbox"/>	Why? _____
Supervisor's name/title:	_____		
Supervisor's phone number:	_____	Reason for leaving:	_____
Your position/job title:	_____	Salary:	_____
Principle duties/responsibilities:	_____		

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

<b>PERSONAL STATEMENT</b>
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:

\_\_\_\_\_

\_\_\_\_\_

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

**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 - Tennessen 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
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 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

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 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.
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 - Tennessen 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.

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Signature of Applicant

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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.

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 \_\_\_\_\_

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: _____