

# MMDC

MID-MINNESOTA DEVELOPMENT COMMISSION

## APPLICATION FOR EMPLOYMENT

### I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the Mid-Minnesota Development Commission (MMDC) to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, age, or familial status.

### II. DATA PRIVACY NOTICE

The information requested on this application is intended to be used by the Mid-Minnesota Development Commission in determining suitability for employment for the position which you are currently seeking or may seek in the future. 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 the Mid-Minnesota Development Commission being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the Mid-Minnesota Development Commission may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the Mid-Minnesota Development Commission without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

### III. POSITION DESIRED

Title of position for which you are applying: \_\_\_\_\_

Date Available to Begin Employment: \_\_\_\_\_

### IV. PERSONAL DATA

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Last, First, Middle Street, City, State, Zip

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Are you either a U.S. citizen or legally eligible to hold employment in the United States?  Yes  No

Have you previously worked for the MMDC?  Yes  No

If yes, position held: \_\_\_\_\_

If yes, under what name may your previous employment records be found? \_\_\_\_\_

Do you have any special needs which may necessitate application/interview accommodations?  Yes  No

If yes, please describe the type of accommodation requested: \_\_\_\_\_

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List all other names under which you have been employed or under which your employment or educational records may be found:

\_\_\_\_\_  
\_\_\_\_\_

## V. WORK/VOLUNTEER EXPERIENCE

List most relevant experience (most recent to be listed first) **or include in accompanying résumé.**

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(mm/dd/yyyy)

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(mm/dd/yyyy)

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(mm/dd/yyyy)

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
(mm/dd/yyyy)

## VI. LICENSURE

List any current licenses, registrations, or certificates relevant to the position for which you are applying.

\_\_\_\_\_  
License/Number Issuing Authority Date of issue

\_\_\_\_\_  
License/Number Issuing Authority Date of issue

Licenses or certifications, if required, must be in effect prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

## VII. EDUCATION ***Do not list dates of attendance for high school.***

List most recent education first ***or include in accompanying résumé.***

Name of School: \_\_\_\_\_

Address of School (city, state): \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Majors/Minors: \_\_\_\_\_

Dates of Attendance (mm/yyyy): \_\_\_\_\_ - \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School (city, state): \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Majors/Minors: \_\_\_\_\_

Dates of Attendance (mm/yyyy): \_\_\_\_\_ - \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School (city, state): \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Majors/Minors: \_\_\_\_\_

Dates of Attendance (mm/yyyy): \_\_\_\_\_ - \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School (city, state): \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Majors/Minors: \_\_\_\_\_

Dates of Attendance (mm/yyyy): \_\_\_\_\_ - \_\_\_\_\_

List/describe any other training and/or experience relevant to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### VIII. Professional 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. The MMDC reserves the right to contact all prior employers, educational institutions, or institutions where you have worked or volunteered (as listed in this document) in addition to references listed below.

Name of Reference: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### IX. CRIMINAL BACKGROUND INFORMATION

The Mid-Minnesota Development Commission may 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 Mid-Minnesota Development Commission 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 from the BCA, the content of which is acceptable to the Mid-Minnesota Development Commission, and formal approval by the appointing authority.

**X. 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 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

Are you a disabled veteran who wishes to claim additional points?  Yes  No

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within five (5) business days. If you receive a passing score, you will be shown your score.



**XI. 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 so, identify the employer and describe the circumstances: \_\_\_\_\_

**XII. PERSONAL STATEMENT**

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

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**XIII. ADDITIONAL INFORMATION**

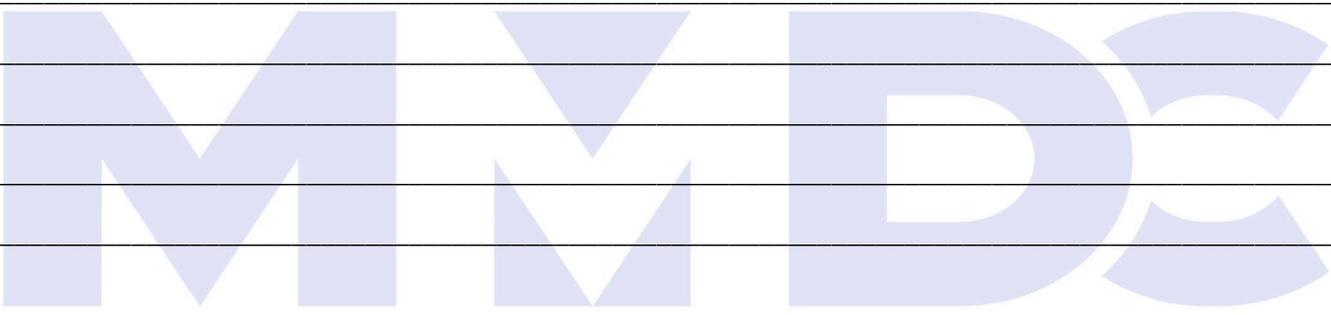
To assist us in evaluating your application, please use this space to provide additional information necessary to describe your full qualifications.

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MID-MINNESOTA DEVELOPMENT COMMISSION

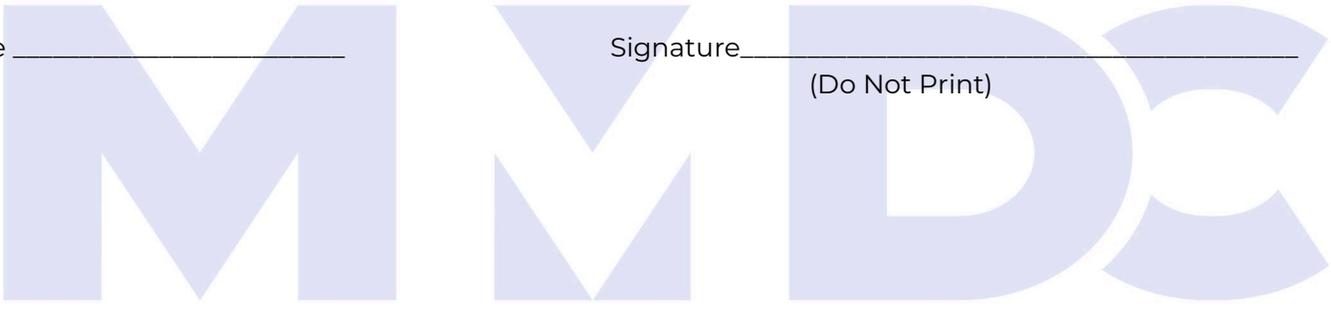
## CERTIFICATION AND ACKNOWLEDGMENT

**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 the Mid-Minnesota Development Commission.

**I understand, acknowledge, and agree** that no offer of employment is valid or binding until formal approval by the Mid-Minnesota Development Commission Board or the appointing authority referenced in the job description and that until such approval the Mid-Minnesota Development Commission shall not be liable for any reliance on any oral or written offers of employment made to me.

**I understand that all MMDC employees are considered "at will"**. This means that an employee can quit for any reason and that an employer can terminate employment for any reason as long as that reason is not illegal, such as discrimination based on race, creed, color, sex, national origin, ancestry, religion, age, disability, sexual orientation, or marital status.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Do Not Print)



MID-MINNESOTA DEVELOPMENT COMMISSION

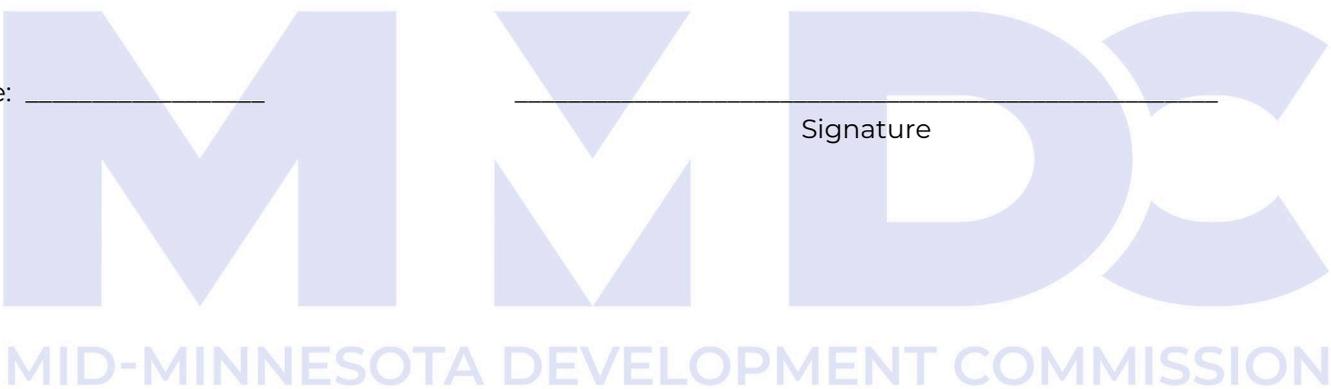
**CONSENT FOR RELEASE**  
**OF EMPLOYMENT AND APPLICANT RECORDS**  
**AND RELEASE OF LIABILITY**

In connection with this application I hereby authorize any and all current and former employers, organizations where I have volunteered and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the Mid-Minnesota Development Commission 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, other than "consumer reports," as that term is defined in the United States Fair Credit Reporting Act, in their possession. I understand that the Mid-Minnesota Development Commission 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 the Mid-Minnesota Development Commission and all former employers, volunteer organizations, and references listed herein and any and all agents acting on behalf of said Mid-Minnesota Development Commission, former employers, volunteer organizations, or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date: \_\_\_\_\_

\_\_\_\_\_ Signature



MID-MINNESOTA DEVELOPMENT COMMISSION

## TENNESSEN WARNING

In accordance with the Minnesota Government Data Privacy Act, (M.S. 13.01-13.87) Mid-Minnesota Development Commission (MMDC) is required to inform you of your rights as they pertain to the information you provide when filling out your application.

Under the Act, the following information you provide is automatically available to the public\*.

- |                                      |                                |
|--------------------------------------|--------------------------------|
| 1. Whether you are a veteran         | 4. Your education and training |
| 2. Relevant test scores              | 5. Your job history            |
| 3. Your rank on our eligibility list | 6. Your work availability      |

Your name is considered private\*\* until you become a finalist for employment with MMDC. You become a finalist when you have been chosen to come in for a personal interview prior to being hired. If you are hired the following information about you will become public:

- |   |  |
|---|--|
| 1. Your name                                    | 8. The final outcome of any disciplinary actions   |
| 2. Your actual gross salary                     | 9. Your work location and work telephone number  |
| 3. Your actual gross pension                    | 10. Honors and awards which you might receive  |
| 4. The value and nature of your fringe benefits | 11. Materials which support your work time   |
| 5. Your job title                               | 12. The amount you receive in addition to salary for travel  |
| 6. Your job description                         | 13. The status of any complaints or charges against you while employed by MMDC, and all documentation about your case. |
| 7. Your MMDC start & termination date           |  |

Anything not listed above which is maintained in your personnel files is made private by this Act and will be shared with only those people who need it to process your application. The following agencies may be authorized to, by state and federal law, receive private information from your file: the Federal Equal Opportunity Commission, and the State Department of Human Rights or Civil Rights. No one else will have access to your private data without your formal consent or a valid court order.

### PURPOSES AND USES

The information requested from you is used in the following manner:

1. To distinguish you from other applicants.
2. To enable us to contact you with further information, schedule interviews, etc.
3. To enable MMDC to make sure that your rights to equal opportunity is properly handled.
4. To meet federal and state reporting requirements.

### EFFECTS OF NON-DISCLOSURE

You are not required to provide all of the information requested on the application but failure to do so may result in your application being incomplete and therefore not being considered in the hiring procedure. The information contained on your application will become part of your personnel record.

\*Public means that it is available to anyone who asks to see it.

\*\*Private means that the information is available to only you and to the staff who must use it in the normal course of conducting MMDC business.

*I HAVE READ THE INFORMATION ON THE MINNESOTA DATA PRACTICES ACT.*

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*Applicant's Signature*

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*Date*

**⌘ ⌘ ⌘ ⌘ PLEASE RETURN THIS SHEET WITH YOUR APPLICATION ⌘ ⌘ ⌘ ⌘**



## **CLAIM FOR VETERAN'S PREFERENCE** ***(Only for those candidates wishing to claim Veteran's Preference)***

The eligibility requirements for Veteran's Preference are listed below. Read them carefully to see if you qualify. If you do, be sure to complete the next page. Anyone eligible for or receiving any Veteran's pension benefit based exclusively on length of military service is not eligible.

### **VETERAN ELIGIBILITY FOR EXAMINATION (10 POINTS)**

A citizen or resident alien of the United States who was separated under honorable conditions from any branch of the Armed Forces of the U.S.: 1) after serving on active duty for 181 consecutive days, or 2) by reason of disability incurred while serving on active duty, or 3) who has active military service certified by the United States Secretary of Defense and discharged under honorable conditions.

### **DISABLED VETERAN ELIGIBILITY FOR OPEN COMPETITIVE EXAMINATION (15 POINTS)**

Must have a compensable service-connected disability as adjudicated by the United States Veteran's Administration or by the retirement boards of one of the several branches of the armed forces, which disability is existing at the time preference is claimed.

### **DISABLED VETERAN FOR PROMOTIONAL EXAMINATION (5 POINTS)**

Must, at the time of election to use preference, be entitled to disability compensation under laws administered by the Veterans Administration for a permanent service-connected disability rated at 50% or more and the position for which the veteran is applying must be the first promotion after securing public employment.

### **SPOUSE ELIGIBILITY AS SPOUSE OF A DECEASED OR DISABLED VETERAN**

Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who because of the disability is unable to qualify for the particular position due to his/her disability, who would have or who does meet the criteria for one of the above listed preferences.

ALL APPLICANTS CLAIMING VETERAN'S PREFERENCE MUST ATTACH A COPY OF REPORT OF SEPARATION (DD214)

If you are an eligible spouse of a deceased or disabled veteran, also submit the following: 1. Marriage Certificate; 2. Statement of Disability describing what prevents the veteran from performing the duties of the position for which you are applying (Spouse of Disabled Veteran only). 3. Certificate of Veteran's Death (Spouse of Deceased Veteran only).

***TO CLAIM VETERAN'S PREFERENCE, COMPLETE THE FORM ON THE FOLLOWING PAGE***

## CLAIM FOR VETERAN'S PREFERENCE

**NOTE:** If you do not meet the eligibility requirements outlined on the preceding page, do not complete this section.

Name of Veteran: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last, First, Middle mm/dd/yyyy

Address: \_\_\_\_\_

Did the veteran serve on military duty without interruption for 181 days or more?  Yes  No

Is the veteran a U.S. citizen?  Yes  No

Date of entry into service \_\_\_\_\_ Branch \_\_\_\_\_

Type of separation:  Honorable  
 Medical  
 Honorable release from active duties and transfer to reserves  
 Other

Are you now receiving or are you eligible to receive a monthly veteran's pension based on length of military service?  Yes  No

Disability Claim number \_\_\_\_\_ (Be sure this number is correct. If not available, put serial number.) To speed processing, submit current documentary evidence of compensable disability, if available.

Percent of service connected disability: \_\_\_\_\_%. Currently existing?  Yes  No

Date and amount of most recent disability payment \_\_\_\_\_ \$ \_\_\_\_\_  
mm/dd/yyyy

State in which you filed \_\_\_\_\_. If not Minnesota, have records since been transferred to Fort Snelling?  Yes  No If No, where \_\_\_\_\_

### **For spouses of deceased veteran:**

Date of Spouse's Death \_\_\_\_\_

Have you remarried?  Yes  No

### **For spouses of disabled veterans:**

Veteran's present occupation \_\_\_\_\_

Veteran's total earnings for employment for past 12 months \$ \_\_\_\_\_

*I hereby claim veteran's preference for this examination and (swear/affirm) that the information given on this document is true and correct. I also authorize the release of necessary information by the Veteran's Administration to the Mid-Minnesota Development Commission.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

***\*ATTACH A COPY OF YOUR FORM DD214\****

