

MID-MINNESOTA DEVELOPMENT COMMISSION



APPLICATION FOR PERSONNEL POSITIONS

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

Home 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/department: _____

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

Do you have any special needs which may necessitate accommodations in the application/ interview process?
Yes _____ No _____ If yes, please describe the type of accommodation requested: _____

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 all work experience, whether or not relevant to this position, and all relevant volunteer experience, most recent to be listed first.

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

| <u>License/No.</u> | <u>Issued By</u> | <u>Date</u> | <u>Expiration</u> |
|--------------------|------------------|-------------|-------------------|
|--------------------|------------------|-------------|-------------------|

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

VII. EDUCATION Include high school and/or institution issuing GED and any additional education/courses taken. **Do not list dates of attendance for high school.** List most recent first.

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates mm/dd/yyyy of Attendance: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates mm/dd/yyyy of Attendance: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates mm/dd/yyyy of Attendance: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates mm/dd/yyyy of Attendance: _____

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

VIII. 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 you. The MMDC reserves the right to contact all prior employers, educational institutions, or institutions where you have volunteered in addition to references listed below.

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

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 _____

If you are a disabled veteran and wish to claim additional points, please check here. _____

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD218 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 ___

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 that the Mid-Minnesota Development Commission shall not be liable for any reliance on any oral or written offers of employment made to me.

Date _____

Signature _____
(Do Not Print)

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

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 final outcome of any disciplinary actions |
| 3. Your actual gross pension | 10. Your work location and work telephone number |
| 4. The value and nature of your fringe benefits | 11. Honors and awards which you might receive |
| 5. Your job title | 12. Materials which support your work time |
| 6. Your job description | 13. The amount you receive in addition to salary for travel |
| 7. Your starting & termination date with MMDC | 14. The status of any complaints, or charges against you while you were employed by MMDC and all documentation about your case |

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.

Applicant's Signature

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 *OPEN COMPETITIVE* 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 COMPETITION* 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, FILL OUT 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: _____ Birthdate: _____
Last First Middle Mo. Day Yr.

Address _____ Apt or Box # _____
Street

City/State/Zip _____

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 _____ \$ _____
Mo. Day Yr.

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 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

ATTACH A COPY OF YOUR FORM D.D.214