



Chisago County

EMPLOYMENT APPLICATION

TODAY'S DATE: _____ POSITION APPLYING FOR: _____

APPLICANT INFORMATION		
Last:	First:	Middle:
Date Available to Work:		
Current Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		

(Proof of citizenship or immigration status will be required upon employment).

If you are selected for an interview or become a finalist for this job, the appointing authority may conduct a criminal background check on you. It will assess the seriousness and relationship of any crimes committed to your ability, capacity and fitness to perform the duties of this job. Please be advised that if you have been convicted of a crime which related to this job, you likely will be eliminated from further consideration. Please check "yes" if you have read and understand this statement: YES NO

Do you have a valid driver license (if required for position applying for)? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, class?
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Driver's License # (if required by job):	State:
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DEPUTY CANDIDATES ONLY	
Are you POST licensed or Eligible? YES <input type="checkbox"/> NO <input type="checkbox"/>	License #:

BUS DRIVERS ONLY
Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by USDOT agency drug and alcohol testing rules during the past two years? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, have you been evaluated by a Substance Abuse Professional (SAP) as required by 49 CFR Part 40, Subpart O (40.285)? YES <input type="checkbox"/> NO <input type="checkbox"/> Note: A written report from the SAP is required.
If yes, did you complete USDOT's Return-To-Duty process, including follow-up testing, as required by 49 CFR Part 40, Subpart O? YES <input type="checkbox"/> NO <input type="checkbox"/> Note: A written report from the SAP is required.
I understand that as part of my application for employment with Isanti/Chisago Heartland Express I must successfully complete a U.S. Department of Transportation (USDOT) drug test as required by 49 CFR Part 655.41. I further understand that a verified negative-drug test must be obtained by the employer, prior to performance of any safety-sensitive function, as defined by 49 CFR Part 655.4.
<div style="display: flex; justify-content: space-between;"> Signature: _____ Date: _____ </div>

TENNESSEN WARNING

This application is to assist in the process of referring you to county agencies for possible employment. Certain information requested on this application is private; that is, it may be released only to you or to county agencies where you may be considered for employment. Names of applicants would become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

EMPLOYMENT INFORMATION

LIST CURRENT EMPLOYMENT FIRST. INCLUDE ANY MILITARY TIME. IF MORE SPACE IS NEEDED, ATTACH SEPARATE SHEET OF PAPER.

Current Employer:

Address:		Dates of Employment:
City:	State:	ZIP Code:
Phone:		
Position:	Supervisor's Name:	
Describe Your Work Duties:		
Reason for Leaving:		

Previous Employer:

Address:		Dates of Employment:
City:	State:	ZIP Code:
Phone:		
Position:	Supervisor's Name:	
Describe Your Work Duties:		
Reason for Leaving:		

Previous Employer:

Address:		Dates of Employment:
City:	State:	ZIP Code:
Phone:		
Position:	Supervisor's Name:	
Describe Your Work Duties:		
Reason for Leaving:		

Describe any additional experiences, certifications or training that qualifies you for this position:

Please use this space to explain any gaps in employment dates:

Unless stated herein, I authorize Chisago County to conduct reference checks into any job-related information contained in this application, including, but not limited to, present and former employers, and my records maintained by an educational institution relating to academic performance such as transcripts.

YES YES, but not present employer until job is offered NO

REFERENCES

References should be people who know you well, preferably from work experience. Do **NOT** list relatives.

Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:
Name:	Phone #:	Relationship:

EDUCATION

	School Location	No. Years Completed	Graduated Yes/No	Degree Obtained	Course of Study
High School					
Colleges/Grad School					
Vocational Trade School					

CLAIM FOR VETERAN'S PREFERENCE

ELIGIBILITY-A person who is eligible to receive a monthly veteran's pension based on length of service will not qualify for preference.

VETERAN ELIGIBILITY FOR OPEN COMPETITIVE EXAMINATION - Must be a U.S. citizen or a resident alien who was honorably separated after (a) serving on active duty 181 consecutive days or, (b) by reason of disability incurred while serving on active duty.

DISABLED VETERAN ELIGIBILITY FOR OPEN COMPETITIVE EXAMINATION - Must have a compensable service connected disability as adjudicated by the U.S. Veteran's Administration or by the Retirement Boards of the many branches of the Armed Forces and the disability must exist at the time preference is claimed.

DISABLED VETERAN ELIGIBILITY FOR PROMOTIONAL EXAMINATION - Must at the time of election to use preference, be entitled to disability compensation for a permanent service connected disability rated at 50% or more and the position for which you are applying must be the first promotion after entering public employment.

SPOUSE ELIGIBILITY AS A 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 a disability is unable to qualify for the particular position and who would or who does meet the criteria for one of the above listed preferences.

ALL APPLICANTS CLAIMING VETERAN'S PREFERENCE MUST ATTACH COPY OF SEPARATION PAPER (DD-214)

Name of Veteran:	Address:
Date of Veteran's Death:	If Deceased, Spouse's Name:
Branch of Military:	Dates of Service:
Did veteran serve 181 consecutive active military days?	
If no, does veteran meet minimum active duty requirements for eligibility for federal veteran's benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TO BE COMPLETED BY SPOUSE OF DISABLED VETERAN ATTACH A COPY OF MARRIAGE CERTIFICATE.	
Veteran's current occupation:	Total earnings from employment last 12 months:
CLAIMS NOT ACCOMPANIED BY PROPER DOCUMENTATION WILL NOT BE PROCESSED.	
I HEREBY CLAIM VETERAN'S PREFERENCE FOR THIS EXAMINATION AND ATTEST 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 CHISAGO COUNTY HUMAN RESOURCE DEPARTMENT.	
APPLICANT SIGNATURE	DATE:
PLEASE READ THE PARAGRAPHS BELOW CAREFULLY BEFORE SIGNING	
AUTHORIZATION TO CONDUCT REFERENCE CHECK(S) I hereby authorize Chisago County to contact those individuals, companies and/or agencies indicated on the application for the purpose of providing Chisago County with information related to this application. Information in violation of state and federal fair employment practice laws will not be sought or used by this employer.	
AUTHORIZATION FOR EMPLOYMENT PHYSICAL AND TESTING FOR ALCOHOL AND DRUGS I further understand that should I be offered employment with Chisago County, such employment is contingent upon successfully completing an employment physical to the County's satisfaction which could include screening for alcohol, drugs, and controlled substances, and that a psychological screening may be completed. I further understand that my signature below authorizes Chisago County to conduct such medical testing.	
APPLICANT SIGNATURE	DATE
AFFIRMATION OF ACCURACY I certify that answers given are true and complete to the best of my knowledge. An offer of employment with Chisago County is contingent on providing documentation necessary to establish my identity and eligibility to work in the United States and based upon the job's physical requirements. I understand that misrepresentation or omission of facts required may result in immediate termination. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. If an employment relationship is established, I understand that, unless otherwise specifically agreed to in writing, I have the right to terminate employment at any time, for any reason or no reason, and Chisago County retains the same right regarding the discontinuance of my employment. I further understand that my employment is not guaranteed for any term.	
APPLICANT SIGNATURE	DATE

Chisago County will not discriminate against or harass any employee or applicant for employment because of race, color, religion, sex, disability, age, marital status, status with regard to public assistance, gender identity, sexual orientation or protected veteran status.

In order for us to comply with certain record keeping requirements, we ask that you fill out this document. This information is used solely for government reporting and will be kept in a confidential file separate from your application for employment.

Governmental agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only.

Submission of information is voluntary. You are not legally required to provide this information.

Today's Date: _____ Position Applying For: _____

Name: _____

Gender: Male Female

CHECK ONE:	<input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) <input type="checkbox"/> Not Hispanic or Latino (if not Hispanic or Latino, please address race below) <input type="checkbox"/> I choose not to disclose this information
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Race

CHECK ONE: (do not respond if you selected Hispanic or Latino above)	<input type="checkbox"/> White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa <input type="checkbox"/> Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment <input type="checkbox"/> Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races <input type="checkbox"/> I choose not to disclose this information
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Veteran: YES NO Disabled Veteran: YES NO

Disability Status:
 A person with a disability is defined as:
 1. Having a physical or mental impairment which substantially limits one or more major life activities*.
 2. Having a record of such impairment.
 3. Being regarded as having such impairment.

*Major life activities include caring for oneself, performing manual tasks, walking, talking, hearing, seeing, speaking, breathing, learning, and working.

NOTE: Temporary, non-chronic 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.

Based upon the above information, do you claim disability status?

YES NO

Do you have special needs which may necessitate accommodations in the test facilities or test process? YES NO

If yes, please describe the type of accommodation needed:

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