

APPLICATION FOR EMPLOYMENT

Cook County

411 West Second Street
Grand Marais, MN 55604-2307

Phone No.: 218-387-3602 Fax No.: 218-387-3043

Cook County Administrator

Cook County is an Equal Opportunity Employer. It considers applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, marital or veteran status, disability, sexual orientation, status with regard to public assistance, genetics, or any other legally protected status. Applicants with disabilities who may need special accommodations to participate in this recruitment process should contact the Cook County Administrator so that appropriate arrangements can be made.

PERSONAL				
Last Name	First	Middle	Date:	
Mailing Address	City	State	Zip	Home Telephone
Position Desired				Cell Phone
Have you ever been employed by Cook County? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes- Year(s): _____ Name (if different): _____				Email address
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of eligibility will be required if you are hired.</i>				Date you could start:
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Age verification will be required if you are hired.</i>				Salary desired:
Do you think you may be eligible for Veteran's Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, read and complete the Veteran's Preference Points Application form on back.</i>				

EDUCATION					
School	Name and Location of School	Courses of Study	No. of Years	Did you Graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/ Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other training or special study which may be pertinent to the position for which you are applying (describe): 					
Does this position require possession of a special license, certificate, or registration? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you possess this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No License or Certificate Number (if applicable): 					

WORK EXPERIENCE

Provide a complete statement of your paid and/or unpaid work history, listing your most recent experience first. Attach additional sheets, if necessary.

Employer:	Telephone:
Address: City State Zip	Employed (State month and year): From: To:
Job Title: Name of Supervisor:	Weekly Pay: Start: Last:
Specific Duties:	Hours Worked Per Week:
Equipment, Machines, Computer Programs Used:	Reason for Leaving:

Employer:	Telephone:
Address: City State Zip	Employed (State month and year): From: To:
Job Title: Name of Supervisor:	Weekly Pay: Start: Last:
Specific Duties:	Hours Worked Per Week:
Equipment, Machines, Computer Programs Used:	Reason for Leaving:

Employer:	Telephone:
Address: City State Zip	Employed (State month and year): From: To:
Job Title: Name of Supervisor:	Weekly Pay: Start: Last:
Specific Duties:	Hours Worked Per Week:
Equipment, Machines, Computer Programs Used:	Reason for Leaving:

REFERENCES

May we contact your present employer? _____ Yes _____ No Comments:

May we contact your former employers? _____ Yes _____ No Comments:

Names of additional references to contact can be listed on a separate sheet, if desired.

APPLICANT'S STATEMENT

I acknowledge that if any misrepresentation or omission of material has been made by me or the results of an investigation are not satisfactory for any reason, any consideration, offer, or actual employment by the County may be terminated immediately without obligation or liability to me, other than payment at the rate agreed upon for services actually rendered if employed.

It is agreed and understood that the County may investigate my background to obtain job-related information. Schools and designated employers and references named in this application are authorized to give information about me. If I am selected for an interview, I understand that the County may also conduct a criminal background check. I hereby release the County and persons named herein, or persons provided to you at a later time, from all liability for any damages on account of their furnishing such information. I also waive any privilege I have to such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I understand that any offer of employment made to me may be conditional upon taking and passing job-related medical examinations.

This application shall not be construed as a contract or an offer of employment. Any employment that may follow will be that of an at-will employee so that both the employee and employer have the right to terminate employment at any time without notice or cause. If employed, I understand that I must follow all County procedures, policies, and directives. Cook County reserves the right to amend or revoke its policies and/or conditions of employment without notice as it deems appropriate or as provided for under the Public Employment Labor Relations Act.

My signature or name typed below indicates that I read and agree to the above notes and conditions.

Applicant's Signature _____ Date _____

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, Cook County is required to inform you of your rights as they pertain to information collected from you. If you have questions or wish to exercise your rights under the Minnesota Government Data Practices Act, contact the Cook County Personnel Director.

This application is used to determine eligibility and select people for employment with Cook County. Certain information requested on the application is private and may be given only to those County staff directly involved in hiring. The following information is private.

PRIVATE DATA	WHY WE ASK FOR IT	ARE YOU LEGALLY OBLIGED TO PROVIDE IT	WHAT MAY HAPPEN IF YOU DON'T PROVIDE IT
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejection.
Postal Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejection.
Home Telephone, Cell Phone, Email address	To be able to contact you to determine availability for interviews	No	We may not be able to employ you in jobs you may be required to come to work on short notice.
Handicapped Status/Test Accommodations	To determine whether you need special application/testing accommodations	No	We will not be able to provide you necessary accommodations in a timely manner.
Conviction Record, for positions in the Cook County Sheriff's Department	To determine whether we may accept an application from you and if your conviction history is a job-related consideration.	Yes	Failure to provide information may be cause for rejecting an application.

The following information is public and may be provided to anyone who asks for it: veteran status, relevant test score, rank on eligible list, job history, education and training, and work availability. An applicant's name, initially private, becomes public if she/he is considered to be a finalist for a position.

VETERAN'S PREFERENCE POINTS APPLICATION FORM

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results, subject to the provisions of Minnesota Statutes 43A.11. A person who is eligible to receive a monthly veteran's pension based solely on length of service will not qualify for preference.

If you believe you are eligible for veteran's preference points, complete this form and provide a copy of the required documentation. The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it. You must supply copies of the following documents either at time of application or within seven days of the application deadline.

Veteran: DD214

Disabled Veteran: DD214 and compensable disability award letter dated within the past 6 months.

Spouse of Disabled Veteran: DD214, compensable disability award letter (6 months) and Marriage Certificate. (Eligible only if Veteran is unable to earn a living because of the disability.)

Spouse of Deceased Veteran: DD214, Marriage Certificate and Death Certificate.

NAME OF VETERAN: _____ BIRTHDATE ____/____/____
Last Name First Name Middle Name

ADDRESS: _____
Street Number or R.F.D. City State Zip Code

PREFERENCE REQUESTED: _____ Veteran _____ Disabled Veteran
 _____ Spouse of Disabled Veteran _____ Spouse of Deceased Veteran

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

Is the veteran a United States citizen? ___ Yes ___ No

Date of entry into service: _____ Branch: _____

If reserve unit, submit evidence of service of 181 or more consecutive days.

Date or release from active duty: _____

Type of separation: _____ Honorable _____ Medical _____ Other

Does the veteran have a compensable service-connected disability? ___ Yes ___ No

Disability Claim Number: _____

Percent of service-connected disability: _____% Currently existing? ___ Yes ___ No

State in which filed _____

Is the veteran receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service? ___ Yes ___ No

FOR SPOUSES OF DECEASED VETERANS:

Date of Marriage: _____

Date of Death: _____

Have you remarried? ___ Yes ___ No

FOR SPOUSES OF DISABLED VETERANS:

Veteran's present occupation: _____

Veteran's total earning from employment for the past 12 months: \$ _____

I hereby claim veteran's preference for this examination and (swear/affirm) that the information on this document is true and correct. I also authorize the release of necessary information by the Veteran's Administration to Cook County.

Applicant's Signature _____ Date: _____

Position Applying For: _____

For Office Use
Only

10 points _____
15 points _____

