

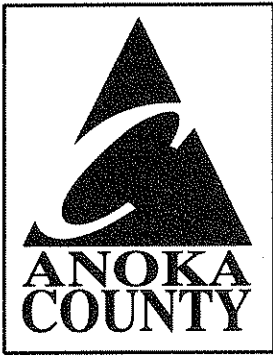


County of Anoka
Employment Opportunity
An Affirmative Action/Equal Opportunity Employer
Apply online at: www.anokacounty.us

JOB APPLICATION PACKET

To be considered for employment, please complete:

- **Application**
- **Agency-wide Questions**
- **Supplemental Questions** (if any--connected to the job)



COUNTY OF ANOKA

APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

Human Resources Department - Government Center
 2100 - 3rd Avenue North - STE 261
 Anoka, MN 55303 - 5030

(763) 323-5525
 Website: www.anokacounty.us
 Job Line: (763) 422-7498
 Fax: (763) 323-5545

Title of Position: _____

Job Announcement Number: _____

Date of Application: _____
 Month Day Year

PRINT clearly with BLACK ink or TYPE in BLACK.

Last Name	First Name	Middle Name	Former Name(s)	May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Street Address		Apt. No.	Home Phone ()	Work Phone ()			
City	State	Zip Code	Cell Phone Number ()				
e-mail address _____			Are you age 18 or older?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
____ I DO NOT authorize Anoka County to contact me via e-mail regarding my application for this position. (Initial)							
Are you a United States Citizen OR if not, do you have permission to work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>							
<i>All employment offers may be conditioned upon the applicant passing a criminal background check. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought.</i>							
If position requires driving: Driver License No. State Issued Class							
If position requires certificate, registration, or occupational license, please provide information:							
Type	Number		Expiration Date				
Are you a present employee of Anoka County? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Check Status: Regular <input type="checkbox"/> Temporary <input type="checkbox"/>							
Are you a past employee of Anoka County? Yes <input type="checkbox"/> No <input type="checkbox"/>			Would you be interested in temporary employment? Yes <input type="checkbox"/> No <input type="checkbox"/>				
What type of job are you looking for? <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Internship							
What types of work you will accept? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time							
What shifts are you available to work? <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)							
VETERAN'S PREFERENCE: If you are a Veteran or the spouse of a disabled or deceased Veteran and wish to claim Veteran's Preference, complete and attach a Veteran's Preference claim available from the Anoka County Human Resources Department and supply proof of your eligibility to claim a Veteran's Preference (DD214) or (DD215).							
EDUCATION/TRAINING: Did you graduate from high school or receive a G.E.D. Yes <input type="checkbox"/> No <input type="checkbox"/>							
Name and Location of College, University, Technical, Professional, Business, Trade, Vocational or Other School	Dates Attended		# Credits Earned		Type of Certificate or Degree Received	Major Degree	Minor Degree
	Mo/Yr FROM	Mo/Yr TO	QTR.	SEM.			
APPLICANT: If you have a disability that would prevent you from testing for a position under standard conditions, please notify the Human Resources Department so that every reasonable effort can be made to accommodate you.							
Please specify computer hardware & software used.							
List any additional information you feel may be important for us to know in evaluating your application (e.g., professional society memberships, relevant community activities or volunteer work, skills or specific accomplishments). Please be specific and include period of time involved, if applicable. Attach additional sheets, if necessary.							

WORK EXPERIENCE: BE COMPLETE. Experience and training ratings are determined by the information you provide and your score will depend upon it.
DO NOT MARK APPLICATION "SEE RESUME." Account for ALL your work experience. Applications may be rejected if incomplete. Use additional sheets if necessary.

Present or most recent employer				Address		City	State	Zip
Job title				Supervisor		Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
FROM MO.	YR.	TO MO.	YR.	TOTAL TIME ____ YRS. ____ MOS.		Hours Per Week _____		STARTING SALARY
LAST SALARY								
Reason for Leaving								
Specific duties								

Second last employer				Address		City	State	Zip
Job title				Supervisor		Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
FROM MO.	YR.	TO MO.	YR.	TOTAL TIME ____ YRS. ____ MOS.		Hours Per Week _____		STARTING SALARY
LAST SALARY								
Reason for Leaving								
Specific duties								

Third last employer				Address		City	State	Zip
Job title				Supervisor		Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
FROM MO.	YR.	TO MO.	YR.	TOTAL TIME ____ YRS. ____ MOS.		Hours Per Week _____		STARTING SALARY
LAST SALARY								
Reason for Leaving								
Specific duties								

Fourth last employer				Address		City	State	Zip
Job title				Supervisor		Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
FROM MO.	YR.	TO MO.	YR.	TOTAL TIME ____ YRS. ____ MOS.		Hours Per Week _____		STARTING SALARY
LAST SALARY								
Reason for Leaving								
Specific duties								

FOR ADDITIONAL WORK EXPERIENCE, USE BLANK SHEETS AND ATTACH TO THIS FORM. ANY UNREQUESTED MATERIALS (RESUMES, CREDENTIALS, ETC.) WILL BE DISCARDED.

READ AND SIGN

I certify that the information given in this application form and attachments are true and complete to the best of my knowledge. I authorize Anoka County to investigate all statements made in this application, as necessary, to consider my application. I understand that giving false or misleading information in my application or interview(s) will disqualify me from consideration. I understand that if I am hired by Anoka County I am subject to discharge if I provide false or misleading information or omit material information in connection with this application, regardless of when it is discovered.

Date _____ Applicant's Signature _____

Agency-wide Questions

The purpose of the following questions is to provide us with statistics needed to evaluate our recruitment program and to prepare statistical reports required by Federal, State and local agencies as well as other job related information. Providing private data concerning race, sex, age and disability is voluntary and is only used in summary format for reporting purposes. The other data you give us about yourself is needed to identify you and to assist in determining your suitability for the position for which you are applying. You are not legally required to supply this data. However, if you choose to withhold it, we cannot consider you for employment. Please see the Anoka County Human Resources website for further information.

*1. Are you age 18 or older?

Yes

No

*2. Are you eligible to work in the United States?

Yes

No

*3. Are you currently an Anoka County employee?

Yes/Regular

Yes/Temporary

No

4. If you answered "No" above, are you a past employee of Anoka County?

Yes

No

*5. Would you be interested in temporary employment?

Yes

No

- * 6. Veteran's preference points are awarded to qualified Veterans and spouses of deceased or disabled Veterans subject to the provisions of Minnesota Statute 43A.11. **If you are claiming Veteran's Preference you MUST SUBMIT a DD214** (member copy which indicates your character of service).

Are you eligible and applying for Veteran's preference points?

- No
- Yes – Active duty veteran
- Yes – Disabled veteran (*must supply disability letter*)
- Yes – Spouse of disabled veteran who because of disability cannot qualify for this position
- Yes – Spouse of deceased veteran

7. Gender:

- Female
- Male

8. Ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White
- White Hispanic/Latino

9. Age

- Under 16 years of age
- 16 – 17 years
- 18 – 30 years
- 31 – 40 years
- 41 – 60 years
- Over 60 years

10. Do you have a disability?

- Yes
- No

11. Have you served on active duty in the United States Military Service for 181 consecutive days?

- Yes
- No

*12. Pursuant to the Minnesota Government Data Practices Act, Minnesota Statutes 13.01-13.88, the following information provided in the application is considered private data: name, home address, home phone number, racial/ethnic data, age and gender. This data is available only to staff who have business reasons for use. An applicant's name will become public data upon becoming a finalist.

By clicking "yes" below, I certify that the information given in this application form and attachments are true and complete to the best of my knowledge. I authorize Anoka County to investigate all statements made in this application, as necessary, to consider my application. I understand that giving false or misleading information in my application or interview(s) will disqualify me from consideration. I understand that if I am hired by Anoka County I am subject to discharge if I provide false or misleading information or omit material information in connection with this application, regardless of when it is discovered.

- Yes
- No

*13. I understand that in order for my application to receive every consideration in the selection process, I must complete the additional Supplemental Questions for this position (if any). (Click on the Supplemental Questions tab for this job.)

- Yes
- No