



COUNTY OF ANOKA

APPLICATION FOR EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

Employee Relations Department - Government Center
 2100 - 3rd Avenue North - STE 261
 Anoka, MN 55303 – 5030
 (763) 324-4300
 Website: www.anokacounty.us
 Fax: (763) 324-1060

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 Employee Relations 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 Employee Relations 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						

Thrd 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 _____