

**EMPLOYMENT APPLICATION****Public Health**  
Prevent. Promote. Protect.**Meeker McLeod Sibley**  
Community Health Services**Meeker McLeod Sibley**  
1805 Ford Ave N, Suite 200  
Glencoe, Minnesota 55336  
320-864-3185<https://mmspublichealth.org>

Please email completed application to: robin.schultz@co.mcleod.mn.us

**Received:****For Official Use Only:**

QUAL: \_\_\_\_\_

DNQ: \_\_\_\_\_

 Experience Training Other: \_\_\_\_\_**PERSONAL INFORMATION**

<b>POSITION TITLE:</b>		<b>EXAM ID#:</b>
<b>NAME:</b> (Last, First, Middle)		<b>SOCIAL SECURITY NUMBER:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code)		
<b>HOME PHONE:</b>	<b>ALTERNATE PHONE:</b>	<b>EMAIL ADDRESS:</b>
<b>DRIVER'S LICENSE:</b> Yes No	<b>DRIVER'S LICENSE:</b> State: Number:	<b>LEGAL RIGHT TO WORK IN THE UNITED STATES?</b> Yes No

**PREFERENCES**

<b>PREFERRED SALARY:</b> \$	<b>ARE YOU WILLING TO RELOCATE?</b> Yes No Maybe
<b>WHAT TYPE OF JOB ARE YOU LOOKING FOR?</b>	
<b>TYPES OF WORK YOU WILL ACCEPT:</b>	
<b>SHIFTS YOU WILL ACCEPT:</b>	
<b>OBJECTIVE:</b>	

**EDUCATION**

<b>DATES:</b> From:	<b>SCHOOL NAME:</b>	
<b>LOCATION:</b> (City, State)	<b>DID YOU GRADUATE?</b> Yes No	<b>DEGREE RECEIVED:</b>
<b>MAJOR:</b>	<b>UNITS COMPLETED:</b> 39 - Semester	
<b>DATES:</b> From:	<b>SCHOOL NAME:</b>	
<b>LOCATION:</b> (City, State)	<b>DID YOU GRADUATE?</b> Yes No	<b>DEGREE RECEIVED:</b>
<b>MAJOR:</b>	<b>UNITS COMPLETED:</b>	
<b>DATES:</b> From:	<b>SCHOOL NAME:</b>	
<b>LOCATION:</b> (City, State)	<b>DID YOU GRADUATE?</b> Yes No	<b>DEGREE RECEIVED:</b>

**WORK EXPERIENCE**

<b>DATES:</b> From:	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
<b>ADDRESS:</b> (Street, City, State, Zip Code)		<b>COMPANY URL:</b>
<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> Yes No
<b>HOURS PER WEEK:</b>	<b>SALARY:</b> \$	<b># OF EMPLOYEES SUPERVISED:</b>

<b>DUTIES:</b>
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<b>REASON FOR LEAVING:</b>
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<b>DATES:</b> From:	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
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<b>ADDRESS:</b> (Street, City, State, Zip Code)	<b>COMPANY URL:</b>
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<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> Yes No
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<b>HOURS PER WEEK:</b>	<b>SALARY:</b> \$	<b># OF EMPLOYEES SUPERVISED:</b>
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<b>DUTIES:</b>
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<b>REASON FOR LEAVING:</b>
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<b>DATES:</b> From:	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
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<b>ADDRESS:</b> (Street, City, State, Zip Code)	<b>COMPANY URL:</b>
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<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> Yes No
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<b>HOURS PER WEEK:</b>	<b>SALARY:</b> \$	<b># OF EMPLOYEES SUPERVISED:</b>
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<b>DUTIES:</b>
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<b>REASON FOR LEAVING:</b>
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<b>DATES:</b> From:	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
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<b>ADDRESS:</b> (Street, City, State, Zip Code)	<b>COMPANY URL:</b>
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<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> Yes No
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<b>HOURS PER WEEK:</b>	<b>SALARY:</b> \$	<b># OF EMPLOYEES SUPERVISED:</b>
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**DUTIES:**

**REASON FOR LEAVING:**

<b>DATES:</b> From:	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
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<b>ADDRESS:</b> (Street, City, State, Zip Code)	<b>COMPANY URL:</b>
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<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> Yes No
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<b>HOURS PER WEEK:</b>	<b>SALARY:</b> \$	<b># OF EMPLOYEES SUPERVISED:</b>
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**DUTIES:**

**REASON FOR LEAVING:**

<b>DATES:</b> From:	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
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<b>ADDRESS:</b> (Street, City, State, Zip Code)	<b>COMPANY URL:</b>
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<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> Yes No
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<b>HOURS PER WEEK:</b>	<b>SALARY:</b> \$	<b># OF EMPLOYEES SUPERVISED:</b>
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**DUTIES:**

**REASON FOR LEAVING:**

<b>DATES:</b> From:	<b>EMPLOYER:</b>	<b>POSITION TITLE:</b>
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<b>ADDRESS:</b> (Street, City, State, Zip Code)	<b>COMPANY URL:</b>
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<b>PHONE NUMBER:</b>	<b>SUPERVISOR:</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b> Yes No
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<b>HOURS PER WEEK:</b>	<b>SALARY:</b> \$	<b># OF EMPLOYEES SUPERVISED:</b>
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**DUTIES:**

**REASON FOR LEAVING:**

**CERTIFICATES AND LICENSES**

**TYPE:**

**LICENSE NUMBER:**

**ISSUING AGENCY:**

**TYPE:**

**LICENSE NUMBER:**

**ISSUING AGENCY:**

**TYPE:**

**LICENSE NUMBER:**

**ISSUING AGENCY:**

**TYPE:**

**LICENSE NUMBER:**

**ISSUING AGENCY:**

**Skills**

**OFFICE SKILLS:**

Typing:  
Data Entry:

**OTHER SKILLS:**

**LANGUAGE(S):**

English - Speak Read Write

**ADDITIONAL INFORMATION**

**REFERENCES**

**REFERENCE TYPE:**

**NAME:**

**POSITION:**

**ADDRESS:** (Street, City, State, Zip Code)

**EMAIL ADDRESS:**

**PHONE NUMBER:**

**REFERENCE TYPE:**

**NAME:**

**POSITION:**

**ADDRESS:** (Street, City, State, Zip Code)

**EMAIL ADDRESS:**

**PHONE NUMBER:**

**Agency-Wide Questions**

- 1. Do you have relatives working for Meeker-McLeod-Sibley Counties?**
- 2. If you answered "yes" to the nepotism question please provide their name, department, and relationship to you.**
- 3. Where did you first hear about this job opportunity?**

## WIC CPA Supplemental Questions

- \*1. Do you have a Bachelor's degree or higher in Dietetics, Nutrition, Nursing, Community/Public Health or a related field?
- Yes
- No
- \*2. Do you have at least one year of experience working with maternal and child health programs and clients in the clinical or community setting?
- Yes
- No
- \*3. Do you have one of the following current licensures/registrations within the State of Minnesota: Public Health Nurse, Registered Nurse or RD/RDN?
- Yes
- No
- \*4. Do you have a valid state issued driver's license?
- Yes
- No
- \*5. Do you have a reliable means of transportation for the performance of work responsibilities?
- Yes
- No
- \*6. If you are eligible for Veteran's Preference and you wish to claim Veteran's Preference credit, check the box that describes your eligibility. Choose only one answer. In order to receive Veteran's Preference credit, you must submit a copy of your DD214 to the Human Resources Department by the application deadline.
- No Veteran's Preference
- Veteran's Preference
- Veteran's Preference with Disability
- Spouse of Disabled or Deceased Veteran
- \*6. I verify that all of my responses to the supplemental questions are true and accurate. I understand that if my supporting documentation and/or later steps in the selection process do not support one or more of my responses to the supplemental questions that I may no longer be considered for the position.
- Yes
- No

\* Required Questions

The following terms were accepted by the applicant upon submitting the online application:

**APPLICATION DECLARATION**

I hereby declare and certify that the answers or statements I have supplied on this Application are true, complete and correct to the best of my knowledge. I understand that any and all information provided as part of this application is subject to verification. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute grounds for my immediate dismissal should I be employed by the County. I understand that I will be asked to furnish proof of eligibility to work in the United States upon being hired. My signature authorizes McLeod County to secure my driving record (if position a valid driver's license and/or proof of equivalent mobility), transcripts from educational institutions to verify credits/degrees and information needed to obtain criminal background check. It also authorizes collection of any employment-related information deemed necessary from current or former employers, organizations where I have volunteered ("volunteer organizations") named in this application or personal references. I agree to hold harmless those individuals, organizations, and McLeod County for any information provided or received. I understand the County 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 County and all current and former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, former employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

**YOUR RIGHTS AS A SUBJECT OF DATA**

Minnesota Statutes Chapter 13 requires that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address, Home Phone Number, information regarding disability or any reasonable accommodation, and Racial/Ethnic Data.

This means the data is available only to you and County officials who have a reasonable and work-related need for it during the hiring process. This data may also be available to other agencies with statutory authority, including law enforcement agencies and persons or entities authorized by law or court order.

The data will be used to identify you within the hiring process. Refusal to supply Name, Home Address and Home Phone Number may result in your application not being considered. Furnishing racial/ethnic data, age, gender and social security number is voluntary and will not be used by McLeod County as a criterion for employment.

Information regarding disability or any reasonable accommodation will be used to provide reasonable accommodations during the hiring process. Refusal to provide information regarding disability or any reasonable accommodations may result in McLeod County not being able to accommodate you during the hiring process. Information regarding disability or any reasonable accommodations will be maintained separately and will be treated as private medical records.

Your name will become public data when you are certified as eligible to be selected to fill a vacancy. All other information you supply on this application with the exception of that which is private data as indicated above will become public if you are hired by McLeod County.

**EQUAL OPPORTUNITY EMPLOYER**

McLeod County, an Equal Opportunity Employer, is committed to provide for all, without discrimination, equal employment opportunity to hire and promote without regard to such non-job-related distinctions on the basis of race, color, creed, religion, national origin, disability, marital status, sexual orientation, sex (except when sex is a Bona Fide Occupational Qualification) or status with regard to public assistance.

I hereby declare that I have read the statements above, Application Declaration, Your Rights as a Subject of Data and Equal Opportunity Employer"

I acknowledge and understand what information I supply is done so with regard to the Minnesota Government Data Practices Act.

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_