

**LYON COUNTY
APPLICATION
FOR EMPLOYMENT**

Dear Applicant:

Lyon County welcomes you as an applicant for employment. Your application will be considered with others in competition for this vacancy. It is the policy of Lyon County to provide equal opportunity in employment. This applies to origin, political affiliation, disability, marital status, personal life style, gender or age in all aspects of Lyon County's personnel policies, programs, practices and operations. This policy applies to all full-time, part-time, temporary and seasonal employment.

The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment with Lyon County. Please furnish us with complete information. You are encouraged to attach any additional information that you believe qualifies you for the position.

PLEASE TYPE OR PRINT
PLEASE PROVIDE ALL INFORMATION REQUESTED

Position Applying For	Date of Application
-----------------------	---------------------

Last Name	First Name	M.I.	
Address	City	State	Zip
Telephone Number	Email Address		

Have you ever filed an application with us before? Yes No

If yes, for what position? _____

Have you ever been employed with us before? Yes No

On what date are you available to work? _____

Are you available to work: Full Time Part Time Temporary

Have you been convicted of a felony or a gross misdemeanor? Yes No

If yes, please attach a separate sheet and explain the circumstances. A conviction will not necessarily disqualify an applicant from obtaining employment.

	Name and Location of School	Area of Study	Years Completed	Did You Graduate	Degree Received
High School					
College					
Graduate School					
Other (Specify)					

Specialized Skills

____ Personal Computer	____ Word Perfect	____ Access
____ Windows Versions:	____ Word	____ Internet
____ Fax Machine	____ Lotus	____ E-Mail
____ Mail Machine	____ Excel	____ Other Programs (List)
	____ PowerPoint	Typing WPM: _____

Licensure

List current licenses, registrations, or certificates relevant to the position for which you are applying.

<u>License/No.</u>	<u>Issued by</u>	<u>Date</u>	<u>Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Experience

Start with your present or most recent employer. Include any job related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. **While a resume may be attached to provide additional information, do not write see resume without filling in as much information as possible.**

Employer	Dates Employed	
	Start	Final/Current
Address	Hourly Pay	
	Start	Current/Final
City, State and Zip		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		
Work Performed		

Employer	Dates Employed	
	Start	Final/Current
Address	Hourly Pay	
	Start	Current/Final
City, State and Zip		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		
Work Performed		

Employer	Dates Employed	
	Start	Final/Current
Address	Hourly Pay	
	Start	Current/Final
City, State and Zip		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		
Work Performed		

Employer	Dates Employed	
	Start	Final/Current
Address	Hourly Pay	
	Start	Current/Final
City, State and Zip		
Telephone Number(s)		
Job Title	Supervisor	
Reason for Leaving		
Work Performed		

Please describe any unsalaried experience including training, workshops or conferences you have attended that you feel would help us in considering your application:

Personal Statement

Please indicate why you are interested in the position and what you hope to accomplish if selected.

References

Name	Telephone Number
Occupation	Relationship

Name	Telephone Number
Occupation	Relationship

Name	Telephone Number
Occupation	Relationship

Veteran Status

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points?

Yes No

Do you wish to claim Veteran's Preference Points? Yes No

If you checked yes you must complete the attached Veteran's Preference Points Supplement and provide Lyon County with a copy of your DD214 form before preference points will be granted.

Certification, Acknowledgement and Release

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for immediate dismissal should I be employed by Lyon County.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Lyon County Board of Commissioners and that until such approval that Lyon County shall not be liable for any reliance on any oral or written offers of employment to me.

In connection with this application, I hereby authorize any and all former employers, organizations where I have volunteered and references named in this application, or any agent of such a former employer or volunteer organization, to release to Lyon County and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that Lyon 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 acknowledge that, unless otherwise defined by applicable law, any employment relationship with Lyon County is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by condition unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I hereby release Lyon County and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of Lyon County, former employers and volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Signature _____ Date _____

VETERAN'S PREFERENCE POINTS SUPPLEMENT

Application No: _____

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statute 43A.11. To be eligible for veteran's preference points you must:

1. Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or be reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased "Veteran (as defined above) or the spouse of a disabled veteran, who because of disability is not able to qualify; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

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 service points without it.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS? YES NO

If you answered yes, you must complete the form below. Your DD214 or other documentation must be seven (7) calendar days after the application deadline for the position.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM SF 15 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. ELIGIBLE SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND SF 15 OR DEATH CERTIFICATE.

VETERAN'S PREFERENCE POINTS APPLICATION			
Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Spouse		If Spouse, veteran's name:	
Branch of Service:		Period of Active Duty	
		From:	To:
Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service Number:
Are you receiving or eligible for a military pension?		Do you have a compensation service-related disability?	
Preference requested: <input type="checkbox"/> Veteran		<input type="checkbox"/> Disabled Veteran	
<input type="checkbox"/> Spouse of Disabled Veteran		<input type="checkbox"/> Spouse of Deceased Veteran	

Supporting documentation: is attached will be submitted within 7 days