

For Office Use Only:

Date Received _____

Entry No. _____

Vets Preference Pts. _____

CARVER COUNTY COMMUNITY DEVELOPMENT AGENCY (CCDA)

705 Walnut Street N.
Chaska, MN 55318
952-448-7715

Type or Print in Black Ink

Title of Job Applied for		Date	
Last Name	First Name		MI
Email			
Home Phone	Work Phone	Cell Phone	
Street Address	Apt. No.	City	State Zip Code

If you should move after applying for this position, please notify CCDA in writing immediately of your change of address and phone number.

Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Minnesota driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Class Type:
How did you hear about this position? <i>(Please be specific.)</i>
Has any of your education or experience been under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list other name:

OTHER APPLICANT INFORMATION—

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER-- CCDA does not discriminate on the basis of race, color, creed, religion, ancestry, national origin, sexual or affectional orientation, marital status, status with regard to public assistance, political affiliation, sex or age (except where sex or age is a bona fide occupational qualification), or disability in employment.

DATA PRIVACY: The information on this application is necessary to identify you and determine your suitability for this position. You must supply this information in order to be considered for employment. Background investigations may be conducted on the top candidates to determine suitability for the position. If required, you will be notified and a release will be obtained.

EMPLOYMENT HISTORY — Please list starting with your PRESENT or MOST RECENT position. Please give length of employment only (not dates) for experience *beyond 12 years*. Attach additional page(s) if necessary.

Company Name: _____ Supervisor's Name: _____

Supervisor's Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: From: _____ To: _____
Mo/Yr Mo/Yr

Hours Per Week? _____

All Titles held with dates: _____

Is This Volunteer Work? Yes No

Reason For Leaving: _____

<u>Job Duties</u> (Of current or most recent position)	<u>Percent of Time Performing Duty:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

If you are currently working, may we contact your present employer about your work? Yes No

Company Name: _____ Supervisor's Name: _____

Supervisor's Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates Employed: From: _____ To: _____
Mo/Yr Mo/Yr

Hours Per Week? _____

All Titles held with dates: _____

Is This Volunteer Work? Yes No

Reason For Leaving: _____

<u>Job Duties</u> (Of current or most recent position)	<u>Percent of Time Performing Duty:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Company Name: _____ Supervisor's Name: _____
 Supervisor's Phone Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Dates Employed: From: _____ To: _____
 Mo/Yr Mo/Yr
 Hours Per Week? _____
 All Titles held with dates: _____
 Is This Volunteer Work? Yes No
 Reason For Leaving: _____

<u>Job Duties</u> (Of current or most recent position)	<u>Percent of Time Performing Duty:</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

*If you need more space, please attach additional sheets. Although you must fully complete this application, you may also include a job resume or other description of your work, volunteer, or personal experiences that are relevant to this position. **If a questionnaire is included as an application supplement for the position, it must be completed for you to be considered.***

EDUCATION

Check the last grade of school completed: 5 6 7 8 9 10 11 12 GED
 Did you graduate? Yes No

 Name of Last High School Attended City State

Name and Location of College, University, Technical, Professional, Business, Trade, or Other School	Total Number of Credits Earned (Specify Quarter or Semester credits)	Certificate or Degree & Date Received: Describe— (BA/BS/MA/AA/Etc.)	Major/Minor Subject

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS
Please do not include social or religion clubs and organizations. Briefly describe your involvement.

RELEVANT JOB-RELATED LICENSES AND CERTIFICATIONS
 Please list (with expiration dates if applicable).

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.87 (1983) on data privacy require that you be informed that some of the information which you are asked to provide in the employment application process is considered private data.

This means it is available only to you, Carver County Community Development Agency officials and their representatives who have a bona fide need for it, and any other individuals or officials as required by State or Federal law or court order. This data will be used to identify you within the hiring process. Refusal to supply requested information may mean your application would not be considered.

Your name is considered private until you become a finalist for employment with Carver County Community Development Agency. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

EMPLOYEE CERTIFICATION

Please be sure to sign this application, and read the following statements carefully:

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.
2. I authorize Carver County Community Development Agency and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. I understand that only the Executive Director has the authority to make employment agreements.
4. I hereby authorize all current and previous employers and schools to release, to Carver County Community Development Agency, data classified as private. The data which I authorize to be released consists of private data, as defined by M.S. 13.02, Subd. 12, and has been or will be collected by Carver County Community Development Agency and/or its agents and/or representatives. This information includes all data which has been collected, created, received, retained, or disseminated in whatever form which is in any way related to employment. I fully understand that the purpose of permitting Carver County Community Development Agency to have access to this information is to determine my suitability for employment for the *(list job title)* _____ position. I release all parties from any and all liability and claims for damage whatsoever that may result therefrom.

This authorization shall be valid for one (1) year, but I reserve the right to, any time prior to expiration, cancel this authorization by providing written notice to the Executive Director of Carver County Community Development Agency. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

Name *(Print)*

Signature

Date

Note: If you need an accommodation due to disability for the hiring process or to work, please contact the Executive Director at (952) 448-7715.

Carver County Community Development Agency

ADDENDUM TO APPLICATION FORM

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

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 provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points you must:

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 by 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.

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 A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE OR THE VETERAN'S DEATH CERTIFICATE ALONG WITH THE DD214 AND/OR FL-802.

If you are supplying 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", your DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION

Veteran: Self 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: _____

Do you have a compensable service-related disability? Yes No

Preference Requested: Veteran Disabled Veteran Spouse of Disabled Veteran Spouse of Deceased Veteran

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation: Is attached Will be submitted within seven (7) days of application deadline