

Clay County HRA
 116 Center Avenue East
 P.O. Box 99
 Dilworth, Minnesota 56529



Phone: 218-233-8883
 Toll Free: 877-460-5280
 Fax: 218-233-9491
www.claycohra.com

Application for Employment

It is this employer's policy to make reasonable accommodations for persons with disabilities in the hiring process. If your disability prevents you from reading or filling out this application form, please let us know, and we will provide assistance.

This employer will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status with regard to public assistance.

Title of Specific Position for Which You Are Applying		Date of Application	Date Available for Work	
Last Name		First Name	Middle Initial	
Mailing Address		City	State	Zip
E-Mail Address	Are you 18 years of age or over? Yes <input type="checkbox"/> No <input type="checkbox"/> Only if no, state Date of Birth	Personal Phone	Business Phone	
County of Residence				

Education: Did you graduate from high school or receive a GED?
 Yes No School Attended _____

How many years of education have you had? (Circle one) 7 8 9 10 11 12 13 14
 15 16 17 18 19 20 20+

Name and Location of College, University, Technical Schools	Did you graduate?	Certificate or Degree	Course of Study
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

List employment history, but do not provide dates of employment for jobs held more than five years ago. Please list in reverse chronological order. YOU MUST LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS. OMISSIONS WILL BE CONSIDERED FALSE STATEMENTS. Attach additional pages or a resume if needed.

Current Employer _____
Address _____
Phone Number _____
Supervisor _____
Your Title _____
Supervisor's Title _____

Principle Responsibilities

Length of employment
(if within last 5 years)
From _____
Month Year
To _____
Month Year
Total _____
Years Months
Reason for leaving _____

May we contact this employer?

Yes No

If No, explain?

Former Employer 1 _____
Address _____
Phone Number _____
Supervisor _____
Your Title _____
Supervisor's Title _____

Principal Responsibilities

Length of employment
(if within last 5 years)
From _____
Month Year
To _____
Month Year
Total _____
Year Months
Reason for leaving _____

May we contact this employer?

Yes No

If no, explain?

Former Employer 2 _____ Address _____ Phone Number _____ Supervisor _____ Your Title _____ Supervisor's Title _____ <div style="text-align: center;"><u>Principal Responsibilities</u></div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Length of employment (if within last 5 years) From _____ <div style="text-align: center;">Month Year</div> To _____ <div style="text-align: center;">Month Year</div> Total _____ <div style="text-align: center;">Year Months</div> Reason for leaving _____ _____ _____ May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain? _____ _____ _____ _____
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Job Relevant Volunteer and Unpaid Work Experience

Kind of Volunteer Activity (Need not specify organization)	Major responsibilities	Number of Hours per week	Length of Service

Describe any additional experience or training that qualifies you for this job.

If you are hired for this position you may be required to undergo a physical examination and/or drug screening and/or background check at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations need to be made for you.

This employer does not discriminate on the basis of disability status in the admission or access to, or treatment of employment in its programs or activities. It is the policy of this employer to provide reasonable accommodations to the known physical and mental limitations of qualified disability applicants and employees in order for them to perform the essentials of the job in question.

Give us the names of at least three people outside of relatives who can be contacted regarding your qualifications, work habits and character.

Name	Present Address	Phone	Position and relation to your work.

This employer has the right to verify information provided in the application. False information may be grounds for rejecting this application or for dismissal following employment.

In connection with this application for employment, I authorize the employer and any agent acting on it's behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the employer and any agent acting on it's behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

Yes Yes, but not present employer until job if offered. No (We may be unable to hire you without this information.)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information above.

Date _____ Signature (Do not Print) _____

This Employer is an EQUAL OPPORTUNITY EMPLOYER and encourages applications from women, minorities and disabled persons.