

Employment Application With



Horizon Public Health
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Alexandria, MN 56308
320.763.6018
Fax 320.763.4127
www.horizonpublichealth.org

NAME: _____

It is Horizon Public Health's policy to provide equal opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

DATA PRIVACY NOTICE

The information requested on this application is intended to be used by Horizon Public Health (HPH) in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in HPH being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, HPH may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside HPH without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

POSITION DESIRED

Title of position for which you are applying: _____

Date Available to Begin Employment: _____

PERSONAL DATA

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home phone #: _____ Alternative contact # _____

Email Address: _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States? Yes _____ No _____

Have you previously worked for Horizon Public Health? Yes _____ No _____

If yes, position held/department: _____

If yes, under what name may your previous employment records be found? _____

Do you have any special needs which may necessitate accommodations in the application/interview process?
Yes _____ No _____

If yes, please describe the type of accommodation requested: _____

List all other names under which you have been employed or under which your employment or educational records may be found.

Please explain any gaps in employment dates: _____

WORK/VOLUNTEER EXPERIENCE

List ALL work experience, whether or not relevant to this position, and all relevant volunteer experience, most recent to be listed first.

Employer: _____	From: _____	To: _____
Address: _____	Telephone #: _____	
Position Title: _____	Responsibilities: _____	
Reason for Leaving: _____		
Supervisor's Name: _____		

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Address: _____	Telephone #: _____	
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Address: _____	Telephone #: _____	
Position Title: _____	Responsibilities: _____	
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Supervisor's Name: _____		

Employer: _____	From: _____	To: _____
Address: _____	Telephone #: _____	
Position Title: _____	Responsibilities: _____	
Reason for Leaving: _____		
Supervisor's Name: _____		

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>

All applicable licenses or certifications must be received by the Human Resources Coordinator prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

EDUCATION

Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent first.

Name of School: _____
 Address of School: _____
 Degree/Diploma Received: _____
 Major/Minor: _____ Dates mm/dd/yyyy of Attendance: _____

Name of School: _____
 Address of School: _____
 Degree/Diploma Received: _____
 Major/Minor: _____ Dates mm/dd/yyyy of Attendance: _____

Name of School: _____
 Address of School: _____
 Degree/Diploma Received: _____
 Major/Minor: _____ Dates mm/dd/yyyy of Attendance: _____

Name of School: _____
 Address of School: _____
 Degree/Diploma Received: _____
 Major/Minor: _____ Dates mm/dd/yyyy of Attendance: _____

List/describe any other training and/or experience relevant to the position for which you are applying: _____

REFERENCES

These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. Horizon Public Health reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference: _____
 Address: _____
 Phone #: _____ Title: _____

Name of Reference: _____
 Address: _____
 Phone #: _____ Title: _____

Name of Reference: _____

Address: _____

Phone #: _____ Title: _____

Other Information	Yes	No
Do you have a Social Security Number?		
Are you over the age of 18? If not, state your date of birth: _____		
Are you currently employed?		
Are you available to work full-time?		
Are you available to work part-time?		

CRIMINAL BACKGROUND INFORMATION

Horizon Public Health will request information regarding criminal history in the event that you become a finalist for the position for which you are applying. Horizon Public Health will conduct a criminal background check and a pre-employment drug and alcohol test on individuals upon making a contingent job offer. No offer of employment shall become final until receipt of the results of the criminal background check from the BCA and the drug and alcohol test results from a testing laboratory which meets the licensing, accreditation or certification criteria for drug testing as set forth in M.S. Section 181.953, subd 1, the content of which is acceptable to HPH-

PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff? Yes _____ No _____

If so, identify the employer and describe the circumstances:

PERSONAL STATEMENT

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

UNEXCUSED ABSENCES FROM WORK

How many days were you *inexcusably* absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family? _____

VETERAN'S PREFERENCE

The following summarizes the major points of M.S. 43A.11 as amended, which now governs the granting of veteran's preference at both the state and local levels. This chapter may be ordered from the Documents Section, Department of Administration, 117 University Avenue, St. Paul, Minnesota 55155.

A. GENERAL REQUIREMENTS:

Applicants must meet all of the following to qualify for any preference points:

1. Meets qualifications of position and/or received final passing score in the exam process without addition of preference points.
2. Separated under honorable conditions from any branch of the armed forces of the United States.
3. Served on active duty for 181 consecutive days or more or was separated by reason of disability incurred while in service on active duty.
4. Is a United States citizen.
5. Is not eligible for or currently receiving a monthly veteran's pension benefit based on length of military service.

B. POINTS GRANTED:

1. Ten (10) points granted to a non-disabled veteran who meets all the General Requirements.
2. Ten (10) points granted to spouse (if not remarried) of a deceased veteran who meets all of the General Requirements.
3. Fifteen (15) points granted to a disabled veteran who meets all of the General Requirements if:
 - (a) The veteran has a compensable service-connected disability as judged by the United States Veterans Administration or by the Retirement Board of the Branch of the Armed Forces; and
 - (b) The disability exists at the time of preference is claimed.
4. Fifteen (15) points granted to the spouse of a disabled veteran who meets all of the General Requirements and the requirements listed in 3. above, but who is unable to qualify because of the disability.

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 are a disabled veteran and wish to claim additional points, please check here. _____

If you are the spouse of a disabled veteran and wish to claim additional points, please check here. _____

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within five (5) business days.

CERTIFICATION, ACKNOWLEDGMENT 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 my immediate dismissal should I be employed by Horizon Public Health.

I understand, acknowledge and agree that no offer of employment is valid or binding until acceptable results are received from the criminal back ground check and the job applicant drug testing and the offer of employment is formally approved by the Horizon Public Health Administrator. Until such approval, HPH shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all current and former employers, organizations where I have volunteered (“volunteer organizations”) and references named in this application, or any agent of such a former employer or volunteer organizations, to release to Horizon Public Health 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 Horizon Public Health 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 Horizon Public Health and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said Horizon Public Health, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Signature: _____ Date: _____
(Do not print)

**CONSENT FOR RELEASE OF
EMPLOYMENT AND APPLICANT RECORDS
AND RELEASE OF LIABILITY**

I, _____ hereby consent to the release of any and all personnel data or other information about me or related to me or my employment or application for employment with Horizon Public Health, including but not limited to: college transcripts, resumes, applications, interview notes, correspondence, and any and all other information related to my employment, application for employment or other attempt(s) to secure employment, including performance evaluations, disciplinary records, investigative data or notes whether or not said investigation resulted in disciplinary action, and all other information contained in my personnel file or otherwise maintained in any form by Horizon Public Health whether or not previously reviewed by me, to the Horizon Public Health Human Resource Coordinator or designated assistant. This information is needed for the purpose of determining by qualifications and fitness for employment.

(If applicable) I was employed by Horizon Public Health from _____ to _____ or applied for employment on or about _____. Records may be found under the following names: _____.

In connection with this authorization for release of information, I hereby release Horizon Public Health and all of its current and former employees, officers, Commissioners, agents or representatives from any and all manner of liability of whatever nature by reason of requesting or providing such information.

I understand that this authorization shall continue in full force and effect unless specific written revocation is sent to the Human Resource Department of Horizon Public Health by certified mail.

Signature: _____ Date: _____

IMPORTANT INFORMATION FOR APPLICANTS FOR EMPLOYMENT WITH HORIZON PUBLIC HEALTH

In accordance with the Minnesota Government Data Practices Act, Horizon Public Health ("HPH") is required to inform you of your rights as they pertain to private data collected from you. Private data is that information which is available to you, but not to the public. Some personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87, Government Data Practices, requires that you be informed that the following personal information which you are asked to provide on this Employment Application is considered private data:

1. Name (becomes public when certified as a "finalist")
2. Home address
3. Home phone number
4. Age group

We ask this information for the following reasons:

1. To distinguish you from all other applicants and identify you in our personnel files.
2. To help us to be sure that you are the individual who makes the application.
3. To help us to contact you when more information is required, when we send you notices, and/or when we schedule you for interviews.
4. To see if you meet the minimum age requirements (if any).
5. To conduct proper background investigations needed when applying for a position.
6. To determine whether or not any conviction record may be a job-related consideration affecting your suitability for the position you applied for.
7. To enable us to ensure your rights to equal opportunities.
8. To meet federal and state reporting requirements.

Data supplied by you may be used for such purposes as may be determined to be necessary in the administration of personnel in HPH and in the administration of personnel policies, rules, and regulations.

Private data is available only to you and to other persons in HPH who have a justified need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Names of applicants remain private except when certified as eligible for appointment to a vacancy or when applicants are considered by HPH to be finalists for a position. "Finalists" means a person who is selected to be given an interview as a final step prior to selection.

By my signature below, I certify that I have read (or had read to me) the information printed above and understand its meaning. I certify that answers given herein are true and complete to the best of my knowledge.

Horizon Public Health will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, familial status, disability, age, marital status, status with regard to public assistance, veteran status, local human rights commission activity or any other basis protected by law.

In order for us to comply with certain record keeping requirements, we ask that you fill out this document. This information is used solely for government reporting and will be kept in a confidential file separate from your application for employment.

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applications. This data is for analysis and affirmative action only.

Submission of information is voluntary. You are not legally required to provide this information.

Today's Date: _____ Position Applying For: _____

Name: _____

Male Female Veteran: No Yes Disabled Veteran: No Yes Spouse of a Disabled Veteran Yes

Race: White (not of Hispanic Origin) Black (not of Hispanic Origin) Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Disability Status:

A person with a disability is defined as:

1. Having a physical or mental impairment which substantially limits one or more major life activities.*
2. Having a record of such an impairment.
3. Being regarded as having such an impairment.

* **Note:** Major life activities include caring for oneself, performing manual tasks, walking, talking, hearing, seeing, speaking, breathing, learning, and working. Temporary, non-chronic impairments of short duration, with little or no long-term impact, are usually not disabilities. A visual problem which has been corrected by glasses is usually not a disability. Veterans who are rated as "disabled" by the Veterans Administration are not automatically "disabled" under this definition.

Based upon the above information, do you claim disability status? Yes No

Do you have special needs which may necessitate accommodations in the test facilities or test process? Yes No

If Yes, please describe the type of accommodation needed: _____

Job accommodations will be considered on a case-by-case basis with essential function determinations being made for the position vacancy.

Signature of Applicant: _____ Date: _____