

This application is also available online at www.dakotacda.org and can be completed online and then printed off. The form requires your original signature and **cannot be submitted to the CDA via email or online.**

APPLICANT DATA

Position of Interest*:		Social Security Number:	
*If Caretaker position- check one:	<input type="checkbox"/> Senior housing <input type="checkbox"/> Family housing	List cities/location(s) of interest:	
Last Name:		First:	Middle Initial:
Address:		City:	State: Zip:
Home Phone:		Work Phone:	

EDUCATION (Please note: You may be requested to provide a copy of your transcripts as proof of education.)

Have you graduated from High School or obtained a GED? Yes No

If any of your education has been under another name, list that name here:

Name & Location of High School, College, Technical or Other	Course of Study	No. of Years or Credits Completed	Diploma or Degree Type	Did you Graduate? Yes or No
1. Name:				
Location:				
2. Name:				
Location:				
3. Name:				
Location:				

LICENSES & MEMBERSHIPS

(Please note: You may be requested to provide copies of licenses, certificates, etc., as proof of attainment.)

List all job related licenses, registrations, certificates, or other professional memberships below:

Type of licensure or membership, etc.	Issuing Organization	Expiration Date
1.		
2.		
3.		

IF THE POSITION INVOLVES DRIVING (as specified in the job announcement, please complete the following):

Do you have a valid Driver's License? Yes No

Issuing State & Class:	License No.:	Expiration Date:
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Have you had any moving violations in the past 5 years ? Yes* No

*If Yes, please explain:

TECHNICAL SKILLS

List computer systems and/or software used and level of proficiency (e.g., Word - advanced, Excel - proficient, etc.):

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EMPLOYMENT HISTORY (You may print additional copies of this page as needed to detail prior experience)

Please note that while an attached resume may be helpful, it cannot be accepted as a substitute for completion of this section. You must specify dates of employment by indicating the months and years of service below. **Please begin with your most recent employer first.**

Employer:		Phone Number:			
Address:		City:		State:	Zip:
Your Position/Title:		Supervisor's Name:			
Employment Dates: (list month & year)	From:	To:	Hours Per Week:	Volunteer Position? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Starting Salary:	Last Salary:		Reason For Leaving:		
Job Duties:					
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Employer:		Phone Number:			
Address:		City:		State:	Zip:
Your Position/Title:		Supervisor's Name:			
Employment Dates: (list month & year)	From:	To:	Hours Per Week:	Volunteer Position? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Starting Salary:	Last Salary:		Reason For Leaving:		
Job Duties:					

Employer:		Phone Number:			
Address:		City:		State:	Zip:
Your Position/Title:		Supervisor's Name:			
Employment Dates: (list month & year)	From:	To:	Hours Per Week:	Volunteer Position? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Starting Salary:	Last Salary:		Reason For Leaving:		
Job Duties:					

Please provide dates and reasons for any time not accounted for during the past ten years of employment:

Have you been discharged from a position for misconduct within the past seven (7) years? Yes No
If yes, please use this space to explain if you wish to do so:

Please provide any additional information regarding your employment history that you feel is noteworthy (e.g., trainings, awards, etc.):

EMPLOYMENT REFERENCES

List 3 professional/work references. Do not include relatives.

Name & Title	Firm Name & Address	Phone Number & Relationship (e.g., Supervisor, co-worker)
1. Name:		Phone:
Title:		Relationship:
2. Name:		Phone:
Title:		Relationship:
3. Name:		Phone:
Title:		Relationship:

SUPPLEMENTAL INFORMATION

Are you related to any current employee of the CDA? (Note: such relationships will not necessarily disqualify you from employment at the CDA). If yes, list the employee's name and your relationship:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If employed, can you provide proof of eligibility for employment in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a felony within the last seven (7) years? (Conviction will not necessarily disqualify you from employment.) If yes, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NOTICE TO APPLICANTS

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.01 through 13.88 on data privacy require that you be informed that following types of information which you are asked to provide in the employment application process, are considered private data: Name, Home, Address, Home Phone Number, Social Security Number, Racial/Ethnic Data.

This means that it is available only to you and those Dakota County CDA staff who have a bona fide need for it. This data will be used to identify you in the hiring process. Furnishing your racial/ethnic data, age, gender, & Social Security Number is voluntary. Refusal to supply other requested information may mean your application will not be considered.

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 the Dakota County CDA.

APPLICANT DECLARATION

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN THE APPLICATION BELOW IF YOU AGREE.

- 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.
- I authorize the Dakota County CDA to verify this information to determine whether or not I am qualified for the position for which I am applying.
- I hereby authorize all current and previous employers to release job-related information upon the written request of the Dakota County CDA. However, I understand that if, in the Employment History section, I have answered "No" to the question, "May we contact your present employer?", contact will not be made without my specific authorization.
- I hereby declare that I have read the information in the "Notice To Applicants" section above which pertains to Data Privacy and applicant rights as a subject of data.

SIGNATURE OF APPLICANT

DATE

(If completing online, print & sign after entire application is completed.)

IMPORTANT INFORMATION

Affirmative Action-Equal Opportunity-Low Income Preference

The Dakota County CDA will hire and promote without regard to such non-job related distinctions as race, creed, color, age, religion, gender, marital status, status with regard to public assistance*, national origin, physical or mental disability (see definition under "Americans with Disabilities Act") or affectional preference.

*Note: For certain employment and training opportunities, preference is given to applicants who receive public assistance, live in public housing, and/or who have low or very-low incomes. To claim preference based on these criteria, please complete a Dakota County CDA Resident Request for Section 3 Preference form.

Americans with Disabilities Act

Under the Americans with Disabilities Act and with respect to an individual, the term disability means; a person who has a physical or mental impairment that substantially limits one or more life activity; has a record of such impairment; or is regarded as having such impairment. "Substantially limiting", means the degree that impairment affects employability. "Disabled individual" does not include an alcohol or drug abuser whose current use of such substances renders that individual a hazard to themselves or others.

Special Test Accommodations

Do you require special test or other applicant process accommodations? If so, please explain (note this is voluntary):

Veteran's Preference

The Dakota County CDA awards preference points to qualified veterans and spouses of deceased or disabled veterans to add to their exam or application rating points. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. Veteran's preference points will not be added unless a minimum passing score is achieved first (excluding preference points). To be eligible for veteran's preference points you:

1. 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 who has met the minimum active duty requirement as defined by section 2.13a of title 38, Code of Federal Regulations; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who is not able to qualify because of the disability; AND,
2. Must not currently receive or be eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you will 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 preference points without it. Nor can points be awarded without supporting documentation such as a DD214, FL 21-802 for disabled veterans, or and/or applicable marriage or death certificates for spouses applying for preference points (see below).

NOTE: SUPPORTING DOCUMENTATION MUST BE SUBMITTED WITHIN 7 CALENDAR DAYS AFTER THE APPLICATION DEADLINE FOR THE POSITION:

- VETERANS MUST SUPPLY A COPY OF THEIR DD214.
- DISABLED VETERANS MUST ALSO SUPPLY FORM FL-21-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD.
- SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL 21-802 OR DEATH CERTIFICATE.

Are you applying for Veteran's Preference Points? Yes No

Preference Requested:

Veteran Disabled Veteran Spouse of Disabled Veteran Spouse of Deceased Veteran

FOR OFFICE USE ONLY:

Comments if pending documentation: 5 points 10 points

VOLUNTARY INFORMATION

Note: This page will be detached from the completed application prior to the selection process.

Providing the information requested below is voluntary and in no way affects you as an individual applicant. The information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. This information will not be maintained in personnel files and it will not be made available to persons involved in the individual's selection for or promotion to a position. Although providing this information is voluntary, it is useful if applicants answer these questions so that we may prevent discrimination in the selection of employees.

Position applied for:

Date:

Please mark the appropriate response box for each of the following questions:

What is your gender?

Male

Female

Of the following, what racial/ethnic group do you consider yourself?

Asian (A)

American Indian/Alaskan Native (I)

Hispanic or Latino (H)

White (W)

Black or African American (B)

Two or More Races (T)

Native Hawaiian or other Pacific Islander (P)

Other (O)

Do you have a disability?

No

Yes - Epilepsy (YE)

Yes - Amputee (YA)

Yes - Hearing Impaired (YH)

Yes - Blind (YB)

Yes - Paralysis (YP)

Yes - Cardiac (YC)

Yes - Other (YO)

Yes - Diabetes (YD)

Are you a Veteran?

Yes

No

Are you a Disabled Veteran?

Yes

No

Are you a Vietnam ERA Veteran?

Yes

No

How did you learn about this job?

Star Tribune (Star Trib)

MN Dept. of Employment (MN Employment)

Pioneer Press (Pioneer Press)

Minority Association (Minority Assoc.)

Dakota County Tribune (DC Tribune)

Other (Other) Please list:

What is the highest level of education you have completed?

0-12 years, but not H.S. graduate (20)

Community College Degree (06)

High School graduate or GED (01)

Bachelor's Degree (07)

Technical School beyond H.S. (02)

Master's Degree (08)

Business School beyond H.S. (03)

Juris Doctor (09)

Some College (04)

LIB (10)

Junior College Degree (05)

PhD MD (11)