



Dakota County
Community Development
Agency

1228 Town Centre Drive
Eagan, MN 55123
Phone: 651-675-4400
Fax: 651-287-8050
www.dakotacda.org

Employment Application

APPLICANT DATA

Position of Interest:				
Last Name:		First:		Middle Initial:
Address:		City:	State:	Zip:
Primary Phone: ()			Alternate Phone: ()	
Email:				
Preferences:		Caretaker positions* check one:		Senior Housing (Age 55+)
<input type="checkbox"/> Full-time	<input type="checkbox"/> Regular	<input type="checkbox"/> Seasonal	*Complete questions 1 & 2 on last page	<input type="checkbox"/> Workforce/Family Housing
<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Internship		
List office, city, or building(s) of interest:			Are you a current CDA resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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: _____

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

Name & Location of High School, College, Technical or Other	Course of Study	Number of Years/Credits Completed	Type of Diploma or Degree	Did you Graduate? Yes or No
<i>Name:</i>				
<i>Location:</i>				
<i>Name:</i>				
<i>Location:</i>				

LICENSES & MEMBERSHIPS

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

Please note: You may be requested to provide a copy of your licensure, etc., as proof of attainment.

Type of Licensure, Certificate, or Membership	Issuing Organization	Expiration Date
1.		
2.		
3.		

TECHNICAL SKILLS

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

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. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Starting Salary:		Last Salary:		Reason For Leaving:	
Job Duties:					
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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:					
I understand that if I am offered employment with the CDA, I must successfully pass a criminal history check and other background checks as they relate to my position, such as motor vehicle records, educational, employment, and credit history checks. <input type="checkbox"/> Yes <input type="checkbox"/> No					
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	Company 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list the employee's name and your relationship:		
If employed, can you provide proof of eligibility for employment in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Original Signature

DATE

IMPORTANT INFORMATION

Affirmative Action-Equal Opportunity

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.

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:

10 points 15 points

VOLUNTARY INFORMATION

Please 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(s) do you consider yourself?

- | | |
|--|---|
| <input type="checkbox"/> Asian (A) | <input type="checkbox"/> American Indian/Alaskan Native (I) |
| <input type="checkbox"/> Hispanic or Latino (H) | <input type="checkbox"/> White (W) |
| <input type="checkbox"/> Black or African American (B) | <input type="checkbox"/> Two or More Races (T) |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander (P) | <input type="checkbox"/> Other (O) Indicate type here: |

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes - Epilepsy (YE) |
| <input type="checkbox"/> Yes - Amputee (YA) | <input type="checkbox"/> Yes - Hearing Impaired (YH) |
| <input type="checkbox"/> Yes - Blind (YB) | <input type="checkbox"/> Yes - Paralysis (YP) |
| <input type="checkbox"/> Yes - Cardiac (YC) | <input type="checkbox"/> Yes - Other (YO) |
| <input type="checkbox"/> 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?

- | | |
|--|---|
| <input type="checkbox"/> Star Tribune (Star Trib) | <input type="checkbox"/> MN Dept. of Employment (MN Employment) |
| <input type="checkbox"/> Pioneer Press (Pioneer Press) | <input type="checkbox"/> Minority Association (Minority Assoc.) |
| <input type="checkbox"/> Website - Please list: | <input type="checkbox"/> Other - Please list: |

What is the highest level of education you have completed?

- | | |
|---|--|
| <input type="checkbox"/> 0-12 years, but not H.S. graduate (20) | <input type="checkbox"/> Community College Degree (06) |
| <input type="checkbox"/> High School graduate or GED (01) | <input type="checkbox"/> Bachelor's Degree (07) |
| <input type="checkbox"/> Technical School beyond H.S. (02) | <input type="checkbox"/> Master's Degree (08) |
| <input type="checkbox"/> Business School beyond H.S. (03) | <input type="checkbox"/> Juris Doctor (09) |
| <input type="checkbox"/> Some College (04) | <input type="checkbox"/> LIB (10) |
| <input type="checkbox"/> Junior College Degree (05) | <input type="checkbox"/> PhD MD (11) |

In what age group do you fall?

- | | | | |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Under 17 | <input type="checkbox"/> 18-20 | <input type="checkbox"/> 21-39 | <input type="checkbox"/> 40 and Over |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------------|

CARETAKER APPLICANTS ONLY - SUPPLEMENTAL QUESTIONS

1. Are you eligible for residency (according to CDA guidelines) at the CDA property for which you are applying, AND, are you willing to live on site?

- Yes, I am a Current Resident
- Yes, I am eligible for residency and interested in living on-site
- No. If you choose this answer, your application cannot be accepted for a Caretaking position

2. Please indicate the amount of previous caretaking, janitorial, professional housekeeping, property maintenance or property management experience you have.

- No professional experience
- 1 to 6 months
- 6 months to 1 year
- 1 to 2 years
- 2 to 4 years
- 4 or more years