

# PEPIN COUNTY

## Employment Application

**Pepin County is an Equal Opportunity Employer.** Please type or print, and complete the entire application. You may attach a resume, but you must still complete all questions, or your application will be deemed incomplete and may not be considered. Please fill out each box (do not just indicate "see resume").

APPLICANT INFORMATION				
Last Name		First		M.I.
Street Address				Apartment/Unit #
City		State		ZIP
Phone		E-mail Address		
Date Available		Social Security No.		Desired Salary
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for Pepin County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you related to any current employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, their name & their relationship to you?	
Have you previously filed an application with Pepin County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	

EDUCATION				
High School		Address		
No. of Years Attended	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address		
No. of Years Attended	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address		
No. of Years Attended	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ( )
Email Address	
Full Name	Relationship
Company	Phone ( )
Email Address	
Full Name	Relationship
Company	Phone ( )
Email Address	

PREVIOUS EMPLOYMENT			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	
Rank at Discharge	
Present Membership	

**Other credentials/licenses/professional affiliations, etc. which are relevant to the job for which you are applying:**

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize Pepin County to do a background investigation and an investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.</p>	
Signature	Date

**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

Pepin County is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants to voluntarily self-identify their race and ethnicity. This information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.**

Name:

Date:

Year of Birth:

Sex:  Female  Male

Position Applied for:

Where did you learn about the position:

Protected Veteran:  Yes  No

Disability:  Yes  No

**Race/Ethnicity**

- Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- White (origins in Europe, the Middle East, or North Africa)
- Black or African American (origins in any Black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander (origins in Hawaii, Guam, Samoa, or other Pacific Island)
- Asian (origins in the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- American Indian or Alaskan Native (origins in North, South and Central America, and maintains tribal affiliation or community attachment)
- Two or More Races (all person who identify with more than one of the above five races)