

RAMSEY COUNTY EMPLOYMENT APPLICATION



RAMSEY COUNTY
 121 East Seventh Place
 Suite 2100
 Saint Paul, Minnesota 55101
 (651) 266-2700
ramseycounty.us/jobs

Received: _____

For Official Use Only:

QUAL: _____

DNQ: _____

Experience

Training

Other: _____

Job Applied for: _____

PERSONAL INFORMATION

NAME: (Last, First, Middle)

APPLICANT ID #: (if known)

ADDRESS: (Street, City, State, Zip Code)

HOME PHONE:

ALTERNATE PHONE:

EMAIL ADDRESS:

DRIVER'S LICENSE:

Yes No

DRIVER'S LICENSE NUMBER:

State: _____ Number: _____

LEGAL RIGHT TO WORK IN THE UNITED STATES?

Yes No

PREFERENCES

ARE YOU WILLING TO RELOCATE?

Yes No Maybe

WHAT TYPE OF JOB ARE YOU LOOKING FOR?

Regular Temporary Seasonal Internship

TYPES OF WORK YOU WILL ACCEPT:

Full Time Part Time Per Diem

SHIFTS YOU WILL ACCEPT:

Days Evening Night Rotating Weekends On-Call (as needed)

EDUCATION

DATES:

From: _____ To: _____

NAME:

LOCATION: (City, State)

Did you graduate?

Yes No

DEGREE RECEIVED:

MAJOR:

UNITS COMPLETED:

DATES:

From: _____ To: _____

NAME:

LOCATION: (City, State)

Did you graduate?

Yes No

DEGREE RECEIVED:

MAJOR:

UNITS COMPLETED:

DATES:

From: _____ To: _____

NAME:

LOCATION: (City, State)

Did you graduate?

Yes No

DEGREE RECEIVED:

MAJOR:

UNITS COMPLETED:

DATES:

From: _____ To: _____

NAME:

LOCATION: (City, State)

Did you graduate?

Yes No

DEGREE RECEIVED:

MAJOR:

UNITS COMPLETED:

WORK EXPERIENCE

DATES: From: To:	EMPLOYER:	POSITION TITLE:
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ADDRESS: (Street, City State, Zip Code:)

COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
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HOURS PER WEEK:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
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DUTIES:

REASON FOR LEAVING:

DATES: From: To:	EMPLOYER:	POSITION TITLE:
---	------------------	------------------------

ADDRESS: (Street, City State, Zip Code:)

COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
---------------------	----------------------	--------------------

HOURS PER WEEK:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------	--

DUTIES:

REASON FOR LEAVING:

DATES: From: To:	EMPLOYER:	POSITION TITLE:
---	------------------	------------------------

ADDRESS: (Street, City State, Zip Code:)

COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
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HOURS PER WEEK:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------	--

DUTIES:

REASON FOR LEAVING:

DATES: From: To:	EMPLOYER:	POSITION TITLE:
---	------------------	------------------------

ADDRESS: (Street, City State, Zip Code:)

COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
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HOURS PER WEEK:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
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DUTIES:

REASON FOR LEAVING:

Name: _____ Position Applied for: _____

CERTIFICATES AND LICENSES	
TYPE:	
LICENSE NUMBER:	ISSUING AGENCY:
TYPE:	
LICENSE NUMBER:	ISSUING AGENCY:
TYPE:	
LICENSE NUMBER:	ISSUING AGENCY:

SKILLS
OFFICE SKILLS: Typing: _____ Data Entry: _____
OTHER SKILLS:
LANGUAGE(S):

ADDITIONAL INFORMATION

REFERENCES		
REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City State, Zip Code:)		
EMAIL ADDRESS:	PHONE NUMBER:	
REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City State, Zip Code:)		
EMAIL ADDRESS:	PHONE NUMBER:	
REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City State, Zip Code:)		
EMAIL ADDRESS:	PHONE NUMBER:	

By my signature, I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge, and that I have read the Important Facts About the Information Provided in Your Application notice.

I understand that:

- Any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work.
- I will have to produce documentation verifying identity and employment eligibility in the U.S.
- I may be required to verify any and all information given on this application.
- Ramsey County may contact prior employers and other references.
- In order to be referred for jobs for which I am eligible, I must notify the Human Resources Department of any changes in my name, address, email address, or phone numbers.
- Any offer of employment is contingent upon my consenting to and passing a criminal background check.

Signature: _____ Date: _____

NOTE to HR STAFF: (Do not electronically scan this page into applicant tracking system as part of application)

AGENCY WIDE QUESTIONS:

The purpose of the following questions is to obtain information to enable us to comply with federal or state laws or regulations governing public employment with Ramsey County, or to provide us with statistics needed to evaluate our recruitment program and prepare statistical reports required by law. The questions relating to your gender and ethnic group are voluntary and you do not need to answer if you choose not to.

- 1. Are you a current Ramsey County permanent or probationary employee? (excluding temporary) Yes No
- 2. If you are a current Ramsey County permanent or probationary employee (excluding temporary), for which department do you work?
- 3. If you are a current Ramsey County permanent or probationary employee (excluding temporary), what is your Empl ID? (you can find this information online via "My Summit" payroll/HR self service.) _____
- 4. Gender: Male Female
- 5. Are you at least 18 years of age? Yes No
- 6. **If you are under age 18**, what is your date of birth? _____
- 7. Ethnic Group: American Indian or Alaska Native (Non Hispanic or Latino) Asian (Non Hispanic or Latino)
 Black or African American (Non Hispanic or Latino) Hispanic or Latino
 White (Non Hispanic or Latino) Two or More Races (Non Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (Non Hispanic or Latino)
- 8. Do you wish to claim Veterans Preference for this recruitment process? (In order to claim veterans preference, you must meet the requirements as specified in Minnesota Statutes, and provide required documentation – e.g., DD214 or FL802, and send/deliver to Ramsey County HR). Yes No
- 9. If you wish to claim Veterans Preference for this recruitment, what status do you wish to claim?
 - Veteran (mail or deliver a copy of your DD214 to HR)
 - Disabled Veteran (mail or deliver a copy of your DD214 and FL802 or comparable verification of compensable disability status within past 12 months to HR)
 - Spouse of deceased/disabled veteran (mail or deliver a copy of proof of veteran's status plus proof of marriage and death of veteran, if applicable, to HR)
- 10. Do you require special testing or screening conditions to accommodate a disability or language difficulty? Yes No
- 11. If yes, please describe briefly what accommodation you need:
- 12. How did you learn about this job?

<input type="checkbox"/> Ramsey County Diversity Programs	<input type="checkbox"/> Ramsey County Job Hotline
<input type="checkbox"/> Ramsey County employee	<input type="checkbox"/> Ramsey County HR Dept (incl Job Interest Card)
<input type="checkbox"/> St Paul Pioneer Press	<input type="checkbox"/> Minneapolis Star Tribune
<input type="checkbox"/> Minnesota Spokesman Recorder	<input type="checkbox"/> LaPrensa de Minnesota
<input type="checkbox"/> Asian Pages	<input type="checkbox"/> Minnesota Womens Press
<input type="checkbox"/> Lavender Magazine	<input type="checkbox"/> Circle
<input type="checkbox"/> Rehab Agency	<input type="checkbox"/> Minority Group Referral Source
<input type="checkbox"/> Women's Resource Agency	<input type="checkbox"/> College/Tech or High School
<input type="checkbox"/> Public Employment Agency	<input type="checkbox"/> Private Employment Agency
<input type="checkbox"/> Job Fair	<input type="checkbox"/> Walk in
<input type="checkbox"/> Ramsey County website	<input type="checkbox"/> Other Internet website
- 13. If other website, which website: _____

Ramsey County Human Resources Department
Important Facts About the Information Provided in Your Application

The Minnesota Government Data Practices Act requires you to be informed that the following information which you are asked to provide in the employment process is considered Private Data: Name, Home Address, Phone Numbers, Email Address, Date of Birth, Sex, Age Group, Racial/Ethnic Group, Disability Status.

We ask for this information for the following reasons:

- to distinguish you from other applicants and identify you in our files
- to enable us to verify that you are the individual who takes the examination
- to enable us to contact you if additional information is required, send you notices and/or schedule you for an interview
- to determine if you meet any minimum age requirements
- to enable us to ensure your rights to equal opportunities and to meet affirmative action goals
- to meet federal reporting requirements
- to make processing more efficient

The data supplied may also be used for other purposes necessary for the administration of the Ramsey County Personnel Act and Rules.

Furnishing your date of birth (unless a minimum age is required), sex, age group, racial/ethnic group and disability data is voluntary, but refusal to supply other requested information would mean that your application for employment might not be considered.

Private Data is available only to you and to persons in the County or County-related programs who have a bona fide need for the data. **Public Data** is available to anyone requesting it and consists of data furnished in the employment process which is NOT designated in this notice as Private Data.

If you become a finalist for a position, your name, score and standing will become public information and may be provided to anyone. If you are hired by Ramsey County, you will be legally required to supply your Social Security Number and other applicable information required by federal and state agencies. Insurance data, which you will be required to furnish in order to participate in County health and life insurance plans, will be classified as private, as will payroll deduction data.