**For Office Use Only:**

Date

Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vets Preference Pts. \_\_\_\_\_\_\_\_\_

#### **CARVER COUNTY COMMUNITY DEVELOPMENT AGENCY (CCCDA)**

**705 Walnut Street N.**

**Chaska, MN 55318**

**952-448-7715**

*Type or Print in Black Ink*

|  |  |
| --- | --- |
| Title of Job Applied for       | Date      |
| Last Name      | First Name      | MI      |
| Email       |
| Home Phone      | Work Phone      | Cell Phone      |
| Street Address      | Apt. No.      | City      | State      | Zip Code      |

*If you should move after applying for this position, please notify CCCDA in writing immediately of your change of address and phone number.*

|  |
| --- |
| Are you 16 years of age or older? [ ]  Yes [ ]  No |
| Are you legally eligible for employment in the U.S.? [ ]  Yes [ ]  No |
| Do you have a valid Minnesota driver’s license? [ ]  Yes [ ]  No Class Type:       |
|
| How did you hear about this position? *(Please be specific.)*       |
| Has any of your education or experience been under another name? [ ]  Yes [ ]  NoIf yes, list other name:       |

*OTHER APPLICANT INFORMATION—*

*AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER--* CCCDA does not discriminate on the basis of race, color, creed, religion, ancestry, national origin, sexual or affectional orientation, marital status, status with regard to public assistance, political affiliation, sex or age (except where sex or age is a bona fide occupational qualification), or disability in employment.

*DATA PRIVACY:*  The information on this application is necessary to identify you and determine your suitability for this position. You must supply this information in order to be considered for employment. Background investigations may be conducted on the top candidates to determine suitability for the position. If required, you will be notified and a release will be obtained.

**EMPLOYMENT HISTORY — Please list starting with your PRESENT or MOST RECENT position. Please give length of employment only (not dates) for experience *beyond 12 years*. Attach additional page(s) if necessary.**

|  |  |
| --- | --- |
| Company Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Supervisor’s Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor’s Phone Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City:      \_\_\_\_\_\_\_\_\_ | State:      \_ | Zip:\_       \_\_ |
| Dates Employed: From: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_     \_\_\_\_\_\_\_\_\_\_\_ Mo/Yr Mo/Yr |
| Hours Per Week?      \_\_ All Titles held with dates:      \_\_Is This Volunteer Work? [ ]  Yes [ ]  NoReason For Leaving: \_       |
| **Job Duties (Of current or most recent position)** | **Percent of Time Performing Duty:** |
| 1. \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_     \_\_\_\_\_\_\_ |
| 2. \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_     \_\_\_\_\_\_\_ |
| 3. \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_     \_\_\_\_\_\_\_ |
| 4. \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_     \_\_\_\_\_\_\_ |
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If you are currently working, may we contact your present employer about your work? [ ]  Yes [ ]  No

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| --- | --- |
| Company Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Supervisor’s Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor’s Phone Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City:      \_\_\_\_\_\_\_\_\_ | State:      \_ | Zip:\_       \_\_ |
| Dates Employed: From: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_     \_\_\_\_\_\_\_\_\_\_\_ Mo/Yr Mo/Yr |
| Hours Per Week?      \_\_ All Titles held with dates:      \_\_Is This Volunteer Work? [ ]  Yes [ ]  NoReason For Leaving: \_       |
| **Job Duties (Of current or most recent position)** | **Percent of Time Performing Duty:** |
| 1. \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_     \_\_\_\_\_\_\_ |
| 2. \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_     \_\_\_\_\_\_\_ |
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| --- | --- |
| Company Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Supervisor’s Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor’s Phone Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City:      \_\_\_\_\_\_\_\_\_ | State:      \_ | Zip:\_       \_\_ |
| Dates Employed: From: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_     \_\_\_\_\_\_\_\_\_\_\_ Mo/Yr Mo/Yr |
| Hours Per Week?      \_\_ All Titles held with dates:      \_\_Is This Volunteer Work? [ ]  Yes [ ]  NoReason For Leaving: \_       |
| **Job Duties (Of current or most recent position)** | **Percent of Time Performing Duty:** |
| 1. \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_     \_\_\_\_\_\_\_ |
| 2. \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_     \_\_\_\_\_\_\_ |
| 3. \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_     \_\_\_\_\_\_\_ |
| 4. \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_     \_\_\_\_\_\_\_ |
|  |

*If you need more space, please attach additional sheets. Although you must fully complete this application, you may also include a job resume or other description of your work, volunteer, or personal experiences that are relevant to this position.* ***If a questionnaire is included as an application supplement for the position, it must be completed for you to be considered.***

## **EDUCATION**

Check the last grade of school completed: [ ]  5 [ ]  6 [ ]  7 [ ]  8 [ ]  9 [ ]  10 [ ]  11 [ ]  12 [ ]  GED

Did you graduate? [ ]  Yes [ ]  No

\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_

Name of Last High School Attended City State

| **Name and Location of College, University, Technical, Professional, Business, Trade, or Other School** | **Total Number of Credits Earned (Specify Quarter or Semester credits)** | **Certificate or Degree****& Date Received:****Describe—****(BA/BS/MA/AA/Etc.)** | **Major/Minor****Subject** |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

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| --- |
| MEMBERSHIP IN PROFESSIONAL ORGANIZATIONSPlease do not include social or religion clubs and organizations. Briefly describe your involvement.      |
| RELEVANT JOB-RELATED LICENSES AND CERTIFICATIONSPlease list (with expiration dates if applicable).      |

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statues 13.01 through 13.87 (1983) on data privacy require that you be informed that some of the information which you are asked to provide in the employment application process is considered private data.

This means it is available only to you, Carver County Community Development Agency officials and their representatives who have a bona fide need for it, and any other individuals or officials as required by State or Federal law or court order. This data will be used to identify you within the hiring process. Refusal to supply requested information may mean your application would not be considered.

Your name is considered private until you become a finalist for employment with Carver County Community Development Agency. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

#### **EMPLOYEE CERTIFICATION**

**Please be sure to sign this application, and read the following statements carefully:**

1. 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.
2. I authorize Carver County Community Development Agency and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. I understand that only the Executive Director has the authority to make employment agreements.
4. I hereby authorize all current and previous employers and schools to release, to Carver County Community Development Agency, data classified as private. The data which I authorize to be released consists of private data, as defined by M.S. 13.02, Subd. 12, and has been or will be collected by Carver County Community Development Agency and/or its agents and/or representatives. This information includes all data which has been collected, created, received, retained, or disseminated in whatever form which is in any way related to employment. I fully understand that the purpose of permitting Carver County Community Development Agency to have access to this information is to determine my suitability for employment for the *(list job title)*  position. I release all parties from any and all liability and claims for damage whatsoever that may result therefrom.

This authorization shall be valid for one (1) year, but I reserve the right to, any time prior to expiration, cancel this authorization by providing written notice to the Executive Director of Carver County Community Development Agency. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

 Name *(Print)* Signature Date

Note: If you need an accommodation due to disability for the hiring process or to work, please contact the Executive Director at (952) 448-7715.

#### **Carver County Community Development Agency**

**ADDENDUM TO APPLICATION FORM**

###### VETERAN’S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to provisions of Minnesota Statutes 43A.11. To be eligible for veteran’s preference points you 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 be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who, because of disability, is not able to qualify.

The information you 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 veteran’s points without it.

**YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE OR THE VETERAN’S DEATH CERTIFICATE ALONG WITH THE DD214 AND/OR FL-802.**

If you are supplying the supporting documentation by separate mail, your name and the position applied for must be included.

|  |
| --- |
| ARE YOU APPLYING FOR VETERAN’S BONUS POINTS? [ ]  Yes [ ]  No**If you answered “yes”, your DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.** |

|  |
| --- |
| VETERAN’S PREFERENCE POINTS APPLICATIONVeteran: [ ]  Self [ ]  Spouse If spouse, veteran’s name:       |
| Branch of Service:       | Period of Active Duty: From       To       |
| Rank at Discharge:      | Type of Discharge:      | Date of Final Discharge:      | Service Number:      |
| Do you have a compensable service-related disability? [ ]  Yes [ ]  No |
| Preference Requested: [ ]  Veteran [ ]  Disabled Veteran [ ]  Spouse of Disabled Veteran [ ]  Spouse of Deceased Veteran |

|  |
| --- |
| Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.Supporting documentation: [ ]  Is attached [ ]  Will be submitted within seven (7) days of application deadline |