

# MURRAY COUNTY APPLICATION FOR EMPLOYMENT

County Coordinator 2848 Broadway Ave. Slayton, MN 56172 507-836-1149

## **Application Process**

All application materials must be received by the County Coordinator's Department by the closing date of the position posting. Late application materials will not be considered. Murray County is not responsible for failure of other agencies, Internet service providers or postal services to forward applications by the closing date. Applications may be rejected when the county is not able to verify answers to the supplemental questions, or when applications are incomplete.

# **Equal Employment Opportunity**

It is the policy of Murray County to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, genetic information or age.

#### **Data Privacy Notice**

The information requested on this application is intended to be used by the County in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the County being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the County may be unable to provide the necessary accommodations if you do not provide the information in the Personal Data section. The information on this application which is classified as private data under the Minnesota Government Data Practices Act, will not be released outside the County without your Consent except as necessary for tax purposes or as otherwise required by state or federal law.

Position Desired			
Title of position for which you are applying: _	Museum Site Coordinato	or/Collections Manaç	ger
Date available to begin employment:			
Personal Data			
Name:Last	First	Midd	dle
Address:Street	City	State	Zip
Home Phone: ()	Alternate Pho	ne: ()	
Are you either a U.S. citizen or legally eligible	e to hold employment in th	ne United States?	☐ Yes ☐ No
Have you previously worked for Murray Cour If yes, position held/department:			

Do you have any special needs that may necessitate at Yes No If yes, please describe the type of accommodation re	• •			
List all other names under which you have been employed or under which your employment or educational records may be found:				
Work and Volunteer Experience				
List <b>all</b> work experience, whether or not relevant to this position, and all relevant volunteer experience, most recent to be listed first. Attach additional sheets if necessary. <b>Do not write "SEE RESUME".</b>				
Employer Name:	Job Title:			
Employer Address:	Start Date: End Date:			
	Starting Salary: Ending/Present Salary:			
Phone Number:	☐ Full-time ☐ Part-time: avg. hrs. per week			
Supervisor Name:	Reason for Leaving:			
Job Duties:	<u> </u>			
Employer Name:	Job Title:			
Employer Address:	Start Date:	End Date:		
	Starting Salary:	Ending/Present Salary:		
Phone Number:	☐ Full-time ☐ Part-time: avg. hrs. per week			
Supervisor Name:	Reason for Leaving:			
Job Duties:	<u> </u>			
Employer Name:	Job Title:			
Employer Address:	Start Date:	End Date:		
	Starting Salary:	Ending/Present Salary:		
Phone Number:	☐ Full-time ☐ Part-time	e: avg. hrs. per week		
Supervisor Name:	Reason for Leaving:			
Job Duties:				

Employer Name:			Job Title:			
Employer Address:			Start Date:		End Date	:
			Starting Salary:		Ending/P	resent Salary:
Phone Number:			☐ Full-time ☐ P	art-time	: av	g. hrs. per week
Supervisor Name:			Reason for Leaving:	:		
Job Duties:						
Education						
Did you graduate from high school Name and location of last high school		)?	Yes No			
List any additional education below						
Name and Location of School	Dates of Attendance	Cou	rse of Study	Did You Gradua	ate? Deg	tificate or gree
				☐ No ☐ Yes		
				No Yes	5	
				∐ No		
Licensure						
Do you have a valid driver's license	?	1	No If yes, state of iss	ue		
		(	Class			
List all other current licenses, regist applicable licenses or certifications commencing. If hired, you remain re	must be received	in t	the County Coordinat	or's Off	ice prior to	employment
License Name and Number	Issued By			Date		Expiration
	·		·			
Other Relevant Training/Ex						
List/describe any other train you are applying:	ning and/or e	xpe	erience relevant t	o the	position	for which

References				
seek. Especially include ma any who are related to you.	anagers, directors, or heads	of departments under tht to contact all prior	ualifications for the position you whom you have worked. Indicate employers, educational institutions ow.	
Name of Reference	Present Address	Phone Number	Occupation and Relationship	
Criminal Background	Information			
for the position which you requested during the app on individuals upon making employment shall become	u are applying. For certain lication stage. Further, the	positions, criminal i County may condu if a criminal check w esults of the crimina		
Veteran Status				
Are you an honorably disch to claim Veteran's Preferen			States or are you otherwise eligible	
Do you wish to claim Veteran's Preference Points?				
If you are a disabled veteran and wish to claim additional points, please check here:				
A copy of your DD-214 must be attached in order to claim veteran's preference.				
Dries Francis mont				
Prior Employment				
	rged or forced to resign from which you were the claimant/		ther than in relation to a human  No	
If so, identify the employer and describe the circumstances:				
Unexcused Absences	s From Work			
	ences from work did you haven njury of you or your immedia		g three (3) years other than	
Personal Statement				
Please indicate why you are	e interested in the position ar	nd what you hope to a	accomplish if selected.	

# **Certification, Acknowledgment and Release**

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the County.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the County Board or the appointing authority has been made and that, until such approval has occurred, the County shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all current and former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such former employer or volunteer organizations, to release to the County and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the County will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

I hereby release the County and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said County, former employers, volunteer organizations and references, from any and all liability of whatever nature by reason of requesting or providing such information.

If Murray County makes a conditional offer of employment to you, you will be required to pass a drug test meeting the requirements of Minnesota law.

Date	Signature
	(Do Not Print)

# **Application Supplement** Position: Museum Site Coordinator/Collections Manager **Applicant Name:** Instructions - Please complete the following, sign and return with your application for employment The purpose of the supplemental questions listed below is to further evaluate your training, experience and education to determine your eligibility for this job classification. Education/Training/Experience: 1. Do you have a High School Diploma or GED? Yes No 2. Do you have one year of work experience in a similar institution? If yes, please describe: 3. Do you have a valid driver's license? Yes No 4. Do you have experience working with museum collections and collections software? ☐ Yes ☐ No If yes, please describe: If yes, please describe: 6. Do you have experience in public speaking, including the ability to present information and respond to questions from the general public? Yes No If yes, please describe: If yes, please describe: 8. Do you have any experience in creating museum exhibits and displays? If yes, please describe: 9. Do you have any experience in janitorial and housekeeping duties? □ No Yes If yes, please describe: No 10. Do you have experience in providing customer service to the public? 11. Please select the items below of which you have work experience with: ☐ Microsoft Word ☐ Microsoft Excel ☐ Microsoft Outlook

☐ Past Perfect ☐ Other:

Signature:
I hereby state that the information contained in this document is an accurate description of my education, training and experience.
Your Signature:
Date: