



# LYON COUNTY

## APPLICATION FOR EMPLOYMENT

Position applied for: \_\_\_\_\_  
Name: \_\_\_\_\_

Dear Applicant:

Thank you for your interest with Lyon County!

**Equal Employment Opportunity:** It is the policy of Lyon 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, 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 Section II. 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.

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### *Application Instructions/Selection Process:*

Complete the Lyon County application clearly, accurately, and in its entirety. If you do not do this, you may not meet the position's screening criteria and/or be removed from further consideration because of an incomplete application. It is the practice of Lyon County to contact current and previous employers to complete reference checks. All checks shall be completed prior to an offer of employment. Candidates that do not consent to their current and previous employers being contacted may not be considered for employment.

- Resumes are not accepted in lieu of applications. If a resume is submitted, please do not include personal information (birth date, marital status, etc.) Applications are only accepted as positions are available and remain on file for one year after submission.
- Experience section specifics:
  - List your present or most recent experience first.
  - List each promotion separately; even if it was in the same organization.
  - If you attach additional information sheet(s), include all the information requested on the application.
  - To receive proper credit for your experience, list the five most important and/or time-consuming responsibilities you performed in each position and the percentage of time spent performing each function. Do not include duties that you performed only on an occasional basis.
- Your completed application must be physically received (faxed, emailed, or original) by Lyon County Human Resources by the published closing date. Lyon County Human Resources is not responsible for the failure of others, including the U.S. Post Office, to forward applications to us before the deadline.
- If you have special needs which may necessitate accommodations during the application, interview, and/or testing process, please contact Human Resources so that reasonable efforts can be made to accommodate your needs.
- Criminal Background Information:** The County will conduct a criminal background check on individuals upon making a contingent job offer. For certain positions, criminal background information will be requested during the application stage, or in the event you become a finalist for the position which you are applying. No offer of employment shall become final until receipt of the results of the criminal background check, the content of which is acceptable to the County, and formal approval by the appointing authority.
- Drug Testing is conducted post-offer for individuals offered positions in the Sheriff's Office and in the Highway Department if they are required to operate equipment. Such offers of employment will be offered contingent upon passing the drug test.

**PLEASE TYPE OR PRINT**  
**PLEASE PROVIDE ALL INFORMATION REQUESTED**

**I. POSITION DESIRED**

Position Applying For	Date of Application
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**II. PERSONAL DATA**

Last Name	First Name	M.I.	
Address	City	State	Zip
Telephone Number	Email Address		

Are you either a U.S. citizen or legally eligible to hold employment in the United States?

Yes       No

Are you 18 years of age or older?

Yes       No

Have you ever filed an application with the county before?  Yes       No

If yes, for what position? \_\_\_\_\_

Have you previously worked for Lyon County?  Yes       No

If yes, position held/Department: \_\_\_\_\_

List all other names which you have been employed or under which your employment or education records may be found.

\_\_\_\_\_

On what date are you available to work? \_\_\_\_\_

Are you available to work:     Full Time                       Part Time                       Temporary

Do you have any special needs which may necessitate accommodations in the application/interview process?  Yes       No

If yes, please describe the type of accommodation requested:  
\_\_\_\_\_

### III. EDUCATION

Did you graduate from High School or receive a G.E.D. ?                    **D** Yes                    **D** No

*Do not list dates of attendance for high school.*

High School Attended: \_\_\_\_\_ Location: \_\_\_\_\_

Name and Location of College, University, Technical, Professional, Business, Trade Vocational or other School	Area of Study	Years Completed	Did You Graduate	Degree Received

### IV. LICENSURE

List current licenses, registrations, or certificates relevant to the position for which you are applying.

License/No.

Issued by

Date

Expiration

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**V. WORK / VOLUNTEER EXPERIENCE**

List *all* work experience, whether or not relevant to this position, and all relevant volunteer experience, most recent to be listed first. Start with your present or most recent work / volunteer experience. Attach additional sheets if necessary. **Do not write "SEE RESUME"**.

Employer		Dates Employed	
		Start	Final/Current
Address			
City, State and Zip			
Telephone Number(s)			
Job Title	Full Time	Part Time	Supervisor
Reason for Leaving			
Work Performed			

Employer		Dates Employed	
		Start	Final/Current
Address			
City, State and Zip			
Telephone Number(s)			
Job Title	Full Time	Part Time	Supervisor
Reason for Leaving			
Work Performed			

Employer		Dates Employed	
		Start	Final/Current
Address			
City, State and Zip			
Telephone Number(s)			
Job Title	Full Time	Part Time	Supervisor
Reason for Leaving			
Work Performed			

Employer		Dates Employed	
		Start	Final/Current
Address			
City, State and Zip			
Telephone Number(s)			
Job Title	Full Time	Part Time	Supervisor
Reason for Leaving			
Work Performed			

**VI. REFERENCES**

List references that are in a position to discuss your qualifications for the position you seek. Include only managers, supervisors, directors, or heads of departments under whom you have worked. The County reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name	Telephone Number
Address	
Title	Relationship

Name	Telephone Number
Address	
Title	Relationship

Name	Telephone Number
Address	
Title	Relationship

**VII. PERSONAL STATEMENT**

Please indicate why you are interested in the position and what you hope to accomplish if selected.

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**VIII. NEPOTISM**

Name any relatives of yours working for Lyon County:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Department: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Department: \_\_\_\_\_

**IX. How did you hear about this position?**

Please be Specific: \_\_\_\_\_

**X. VETERAN STATUS**

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran’s Preference Points?

**D** Yes            **D** No

Do you wish to claim Veteran’s Preference Points? **D** Yes            **D** No

If you checked yes you must complete the attached Veteran’s Preference Points Supplement and provide Lyon County with a copy of your DD214 form before preference points will be granted.

**XI. UNEXCUSED ABSENCES FROM WORK**

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family? \_\_\_\_\_

**Certification, Acknowledgement 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 immediate dismissal should I be employed by Lyon County.

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

In connection with this application, **I hereby authorize** any and all former employers, organizations where I have volunteered and references named in this application, or any agent of such a former employer or volunteer organization, to release to Lyon 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 Lyon 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** Lyon County and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of Lyon County, former employers and volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources  
 607 W. Main St.  
 Marshall, MN 56258



Phone: 507-537-7043  
 Fax: 507-537-4073

**VETERAN'S PREFERENCE POINTS SUPPLEMENT**

Application No: \_\_\_\_\_

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 the provisions of Minnesota Statute 197.455. To be eligible for veteran's preference points you must:

1. 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 be 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; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

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 service points without it.

If you supply 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, you must complete the form below. Your DD214 or other documentation must be seven (7) calendar days after the application deadline for the position.*

**YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM SF 15 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. ELIGIBLE SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND SF 15 OR DEATH CERTIFICATE.**

<b>VETERAN'S PREFERENCE POINTS APPLICATION</b>			
Veteran: ___ 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:
Are you receiving or eligible for a military pension?		Do you have a compensation service-related disability?	
Preference requested:    ___ Veteran		___ Disabled Veteran	
___ Spouse of Disabled Veteran		___ Spouse of Deceased Veteran	

**Supporting documentation:**    \_\_\_ is attached    \_\_\_ will be submitted within 7 days