



# Volunteer Application with Otter Tail County

an equal opportunity employer

OTTER TAIL COUNTY COORDINATOR'S DEPARTMENT  
GOVERNMENT SERVICES CENTER, 520 FIR AVENUE WEST, FERGUS FALLS, MN 56537-1364  
[www.co.ottertail.mn.us](http://www.co.ottertail.mn.us) PHONE 218-998-8060 FAX 218-998-8075

**Equal Employment Opportunity Policy:** It is the policy and practice of Otter Tail 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:** In accordance with the Minnesota Government Data Practices Act, Otter Tail County is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The information requested on this application is intended to be used by Otter Tail County in determining suitability for employment for the position which you are currently seeking or may seek in the future. Information which is classified as private data under the Minnesota Government Data Practices Act will not be released outside Otter Tail County without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

**Notice to Applicants:** Complete all applicable areas of the application form. Do not mark the form "see resume". Although you are not legally required to provide any of the information on this form, failure to provide complete, accurate information may reduce your opportunity for employment with Otter Tail County. Application forms must be signed and received by the posted deadline to receive consideration.

## PERSONAL INFORMATION

Full Name (First, Middle, Last)		Alias/Former/Maiden Name(s)	
Street Address		City, State, Zip Code	
Home Phone	Alternate Phone	Email Address	
Are you either a United States citizen or legally eligible to hold employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever served in the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously worked/interned/volunteered for Otter Tail County? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, indicate position held:			
Do you have any special needs which may necessitate accommodation in the application/interview process? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, describe the type of accommodation requested:			
Who would you like us to contact in case of an emergency? List name, relationship, and telephone number.			

## VOLUNTEER INFORMATION

Department Interested in Working With	Dates/hours Available to Volunteer
Type of Volunteer Experience Desired	
Previous Volunteer Experience	

**WORK & VOLUNTEER EXPERIENCE**

List all work experience and relevant volunteer experience, starting with the most recent. Attach additional sheets if necessary to include your entire employment history.

Employer/Organization Name	Job Title
Address	Name and Title of Supervisor
Telephone	Dates Employed
Primary Duties and Responsibilities	Reason for Leaving

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**EDUCATION**

You may be asked to provide official copies of your degree/diploma to be considered for employment with Otter Tail County. Attach additional sheets if necessary to include your entire educational history.

School	School Name	City & State of School	Course of Study	Dates of Attendance (mm/yy)	Did you receive a diploma or degree?
High School				Do not list dates of attendance for high school	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
College/ University					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
Technical/ Vocational					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
Graduate					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress

**COMPUTER SKILLS**

Indicate level of experience and/or knowledge.

**B**= Basic Knowledge/Experience

**W**= Working Knowledge/Experience

**E**= Expert Knowledge/Experience

Microsoft Word:	Microsoft Excel:	Microsoft Access:	Microsoft PowerPoint:
AS400:	Internet:	Other:	

**LICENSURES/CERTIFICATIONS/REGISTRATIONS**

Include driver's license, if required for position you are applying for. All applicable licenses, certifications and registrations must be received by the Coordinator's Department prior to employment commencing. If hired, you are responsible for ensuring that all applicable licenses remain current.

Type	No.	Issued By	Exp. Date

**PROFESSIONAL REFERENCES**

These should be people able to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Do not include relatives. The County reserves the right to contact all prior employers, educational institutions or organizations where you have volunteered in addition to references listed below.

Name	How does this reference know the applicant?	Address	Phone Number

**CRIMINAL BACKGROUND INFORMATION**

Otter Tail County will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions, criminal background information will be requested during the application stage. Further, the County may conduct a criminal background investigation on individuals upon making a contingent job offer. Refer to the job posting for this position to determine if such an investigation will be conducted. If the job posting states that a criminal background investigation will be conducted, no offer of employment shall become final until receipt of the results of the investigation, the content of which is acceptable to the County, and formal approval by the appointing authority.

**PRIOR EMPLOYMENT**

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff?  Yes  No  
If yes, identify the employer and describe the circumstances:

How many days were you inexcusably absent from work during the preceding three (3) years for reasons other than illness or injury of you or your immediate family?

**PERSONAL STATEMENT**

*Describe the specific knowledge, skills, and abilities that make you suitable to volunteer for Otter Tail County.*

**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 Otter Tail 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 referenced in the job description, and that until such approval, the County shall not be liable for 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 a former employer or organization, 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 Otter Tail County will use this information to determine my fitness/qualifications for the position I am seeking.

**I hereby release** Otter Tail County and all current and former employers, organizations and references listed herein and any and all agents acting on behalf of said County, former employers, organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Signature of Applicant \_\_\_\_\_  
(Do Not Print)

Date \_\_\_\_\_