



## Redwood-Cottonwood Rivers Control AREA (RCRCA)

### APPLICATION FOR EMPLOYMENT

It is important that you answer all questions on this application fully and truthfully, as failure to do so may delay consideration for employment or result in loss of employment opportunities. If an item does not apply to you, write NA (not applicable). Type or print in ink.

The Redwood-Cottonwood Rivers Control Area (RCRCA) complies with local, state, and federal equal employment opportunity guidelines which prohibit discrimination based on race, religion, gender, color, national origin, handicap / disability, age sexual orientation, creed and marital status.

Applications can be returned to: RCRCA, Attn. Kerry Netzke, RCRCA 1424 E. College Drive, Suite 300 or E-mailed to [kerry.netzke@rcrca.com](mailto:kerry.netzke@rcrca.com).

#### PERSONAL

Last Name:	First:	Middle:	Home Phone:
Street Address:			Work Phone:
City, State, Zip Code:			Message Phone:

Position Applying For:	
Salary Expected:	Date you can begin:
Days and hours available for work:	
How did you learn about this position? (please specify)	
Have you ever been convicted of any offense(s) other than minor traffic violations? ____yes ____no If yes, explain:	
A valid driver's license is required for this position. State: _____ Type: _____ Expiration Date: _____	
List all traffic violations in the past three years:	
Ever had a driver's license revoked? ____yes ____no	If yes, explain:
May we contact you at work? ____yes ____no	If yes, when is the best time to contact you at work?
May we contact your present employer? ____yes ____no	Comments:

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: Grade School 1,2,3,4,5,6,7,8 High School 9,10,11,12 College 1,2,3,4 Graduate 1,2,3,4  
If you received a GED, indicate date and issuing authority: \_\_\_\_\_

School	Name and Location	Date Attended		Major Subject	Degree
High School		N/A	N/A	N/A	
Undergraduate College					
Graduate College					
Vocational Business					
Other					

Certifications:

Describe any specialized training, apprenticeship, skills and extra-curricular activities you have undertaken:

## MILITARY

Have you ever served in the armed forces? \_\_\_\_ yrs \_\_\_\_ no If yes, what branch? \_\_\_\_\_  
Tours of duty \_\_\_\_ mo./day/year To \_\_\_\_ mo./day/year Rank at discharge: \_\_\_\_\_

**VETERAN'S PREFERENCE** (Complete this section only if you are claiming Veteran's Preference). Have you entered into covered employment by a covered employer after having claimed preference since October 1, 1987? \_\_\_\_yes \_\_\_\_no

If yes, give name of employer: \_\_\_\_\_

If you claim Veteran's Preference, check the type below. Attach copies of the required documents to your application to support your claim. (Documents will not be returned).

1.	Veteran of a <b>WARTIME ERA</b> – Requires (A) <b>DD214</b> or other document showing dates of service and type of discharge.
2.	Disabled Veteran – Requires (A) and (B) <b>letter of service connected disability from the V.A.</b>
3.	Veteran's Widow – Requires (A) and marriage and death certificates, and statement saying not remarried.
4.	Disabled Veterans' Spouse – Requires (A) and (B), evidence of marriage to the veteran, a statement that the spouse is still married at the time of application, and proof that the disabled veteran can qualify for employment because of disability.
5.	Permanently Disabled Veteran – Requires (A) indicating veteran is permanently disabled, or (A) and letter from V.A. indicating that the veteran is permanently disabled.

Veterans' Preference documentation must be submitted at the time of initial application. If any preference-eligible applicant claiming Veterans' Preference for a vacant position is not selected for the position, they have the right to an investigation by the Division of Veterans' Affairs if a non-preference eligible applicant is appointed to a position. In order to commence the investigation, the applicant must file a written complaint addressed to the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL. 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, it is the responsibility of the veteran to contact the employer within two months of the application to determine if the position has been filled. For further information, contact the Department of Veterans' Affairs.

## EMPLOYMENT

THIS SECTION MUST BE COMPLETED **REGARDLESS** OF WHETHER OR NOT A RESUME IS ATTACHED.

Beginning with your **PRESENT** or most recent employment, list in **REVERSE ORDER** **ALL** periods of employment. Each time you changed jobs or your title changed that should be listed as a separate period. Be sure to describe your military experience, if any. Describe in detail your specific duties beginning with your primary duties. (Attach additional sheets if necessary).

<b>1</b>	Employer:				Address:						
	Your Official Title:				Supervisors Name & Title:						Phone Number:
	From Month      Year		To Month      Year		Total Months	If part-time, Number of Hour worked per week		Beginning Salary		Ending Salary	
								\$	per	\$	per
Reason for leaving:											
Describe your duties in detail:											
<b>2</b>	Employer:				Address:						
	Your Official Title:				Supervisors Name & Title:						Phone Number:
	From Month      Year		To Month      Year		Total Months	If part-time, Number of Hour worked per week		Beginning Salary		Ending Salary	
								\$	per	\$	per
Reason for leaving:											
Describe your duties in detail:											

<b>3</b>	Employer:				Address:				
Your Official Title:				Supervisors Name & Title:				Phone Number:	
From Month      Year		To Month      Year		Total Months	If part-time, Number of Hour worked per week	Beginning Salary		Ending Salary	
						\$	per	\$	per
Reason for leaving:									
Describe your duties in detail:									

  

<b>4</b>	Employer:				Address:				
Your Official Title:				Supervisors Name & Title:				Phone Number:	
From Month      Year		To Month      Year		Total Months	If part-time, Number of Hour worked per week	Beginning Salary		Ending Salary	
						\$	per	\$	per
Reason for leaving:									
Describe your duties in detail:									

  

<b>5</b>	Employer:				Address:				
Your Official Title:				Supervisors Name & Title:				Phone Number:	
From Month      Year		To Month      Year		Total Months	If part-time, Number of Hour worked per week	Beginning Salary		Ending Salary	
						\$	per	\$	per
Reason for leaving:									
Describe your duties in detail:									

CRIMINAL BACKGROUND INFORMATION

Have you ever been convicted (or charged) with a misdemeanor or a felony?

If yes, please explain the nature of the charge and the circumstances.

Were you convicted and/or did you plead guilty?

Give the date, city, state and county where convicted:

The RCRC will conduct a criminal background check on individuals upon making a contingent job offer. No offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to RCRC, and the formal approval by Redwood-Cottonwood Rivers Control Area Board of Directors.

INFORMED CONSENT FORM

REDWOOD-COTTONWOOD RIVERS CONTROL AREA

1424 E. COLLEGE DRIVE, SUITE 300, MARSHALL, MN 56258

507-532-1325

Date:

The following named individual has made application with this organization for

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Redwood-Cottonwood Rivers Control Area (RCRC) for the purpose of employment with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature

Date

FULL Name (print neatly)

Gender (M / F)

Maiden Name (if applicable)

Date of Birth

Alias and/or Former Name(s)

Social Security Number

REDWOOD-COTTONWOOD RIVERS CONTROL AREA

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**SPECIAL SKILLS**

List special skills you have relevant to the position:

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Why do you feel you are qualified for this position?

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**PROFESSIONAL REFERENCES**

Please list three people who are not relatives who can comment on your past work experience.

(1) Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

(2) Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

(3) Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## APPLICANT'S CERTIFICATION AND AGREEMENT

### AGREEMENTS:

PROBATION PERIOD – It's understood that I shall be considered a probationary employee for no less than six months or longer if necessary. I may be discharged or laid off before the expiration of that period without recourse, in accordance with the Redwood-Cottonwood Rivers Control Area Policies and Procedures.

**STATEMENT BY APPLICATION** – 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 current or former employer or volunteer organizations, to release to the Redwood-Cottonwood Rivers Control Area (RCRCA) 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 Redwood-Cottonwood Rivers Control Area 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 **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 RCRCA.

I **understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the Redwood-Cottonwood Rivers Control Area Board of Directors and that until such approval, the RCRCA shall not be liable for any reliance on any oral or written offers of employment made to me.

I **hereby release** the Redwood-Cottonwood Rivers Control Area (RCRCA) and all current and former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said RCRCA, current or former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Notice to Applicant:** If you do not agree with any portion of the acknowledgment, certification, authorization and release, cross out that section and initial it.

**Thank you for completing this application form and for your interest in employment with  
the Redwood-Cottonwood Rivers Control Area.**

## **TENNESSEN WARNING**

In accordance with the Minnesota Government Data Practices Act, Redwood-Cottonwood Rivers Control Area (RCRCA) is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment with RCRCA. All data collected is considered private except for the following:

- (1) Your veteran's status
- (2) Relevant test scores
- (3) Your rank on our eligibility list
- (4) Your job history
- (5) Your education and training
- (6) Your work availability

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information. The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of RCRCA. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, to appropriate Board members, and others as provided by state and federal law who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data. Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the RCRCA in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the RCRCA to monitor protected class employment and to meet federal, state, and local reporting requirements.

**I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.**

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Applicant's Signature