



# Employment Application

*Equal Opportunity and Affirmative Action Employer*

*We appreciate your interest in our organization. Please answer all questions thoroughly.*

The Scott County CDA complies with state and federal laws prohibiting discrimination in employment because of race, color, creed, religion, gender, sexual orientation or identity, national origin, disability, marital status, age, status with regard to public assistance, or membership or activity in local commissions.

**BACKGROUND CHECK WILL BE CONDUCTED**

**We require that a separate application be completed for each position for which you apply.**

**Typing in responses is preferable. If you print responses, please do so clearly using black or blue ink.**

*(Please refer to the attached **Notice to Applicants**. This explains that certain information you will be asked to provide is private data.)*

**Upon request, this application will be provided in alternative formats to individuals with disabilities.**

**Position being applied for: Housing Rehabilitation Coordinator**

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_ Ok to leave messages: Y \_\_\_\_\_ N \_\_\_\_\_

Email address: \_\_\_\_\_ (if writing by hand, print clearly)

Are you at least 18 years of age or older? Y \_\_\_\_\_ N \_\_\_\_\_

Are you authorized to work in the United States? Y \_\_\_\_\_ N \_\_\_\_\_

If no, you will be asked to present Form I-151, Form I-94 or other form indicating your alien status.

**EDUCATION:**

<b>Name</b>	<b>Location (City, State)</b>	<b>Graduate?</b>	<b>Degree</b>	<b>Major</b>
High School/GED		Yes / No		
_____	_____	_____	_____	_____
Vocational/Technical				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
College/University				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**COMPUTER EXPERIENCE: Specify level of proficiency for each: B=Beginner, I=Intermediate, A=Advanced**

Microsoft Word/Excel	B_____	I_____	A_____
Microsoft PowerPoint	B_____	I_____	A_____
Microsoft Outlook	B_____	I_____	A_____
Housing Manager Software	B_____	I_____	A_____
Electronic Document Management Software	B_____	I_____	A_____
Online Reporting Systems	B_____	I_____	A_____
Other	B_____	I_____	A_____

**LIST ADDITIONAL INFORMATION RELEVANT TO POSITION:**

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

Briefly describe examples that would demonstrate your knowledge, skills or abilities for the competencies outlined on the job description.

Knowledge: \_\_\_\_\_

\_\_\_\_\_

Skills: \_\_\_\_\_

\_\_\_\_\_

Abilities: \_\_\_\_\_

\_\_\_\_\_

Other (e.g., professional organizations, publications): \_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL REFERENCE INFORMATION:**

Name	Years Known	Relationship*	Employer/organization	Phone Number	Email Address

\*Please use these descriptors: co-worker, associate, subordinate, supervisor, boss, professional association, volunteer, classmate, professor, other-explain.

**EMPLOYMENT HISTORY: Please fill out completely – do not write “see resume”.**

List a complete account of all work experiences for the past 15 years (or your entire history of employment if shorter than 15 years), beginning with your present or most recent employment. Evaluation of experience and training is based on this information. *Indicate each promotional level of employment in a separate block.*

Are you or have you been previously employed by the Scott County CDA? If  Yes  No

yes, please provide dates, department and reason for leaving:

---



---

**Employer/Organization:** \_\_\_\_\_

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Employment Status: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Your Title: \_\_\_\_\_ Department: \_\_\_\_\_

Length of Employment: From date: \_\_\_\_\_ To Date: \_\_\_\_\_

Current/Ending Salary: \_\_\_\_\_ hourly \_\_\_\_\_ yearly \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Seeking Other Employment: \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_ Notify me first \_\_\_\_\_

List your duties:

---

---

---

**Employer/Organization:** \_\_\_\_\_

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Employment Status: Full-Time\_\_\_\_\_ Part-Time\_\_\_\_\_ Hours worked per week:\_\_\_\_\_

Your Title: \_\_\_\_\_ Department: \_\_\_\_\_

Length of Employment: From date:\_\_\_\_\_ To Date:\_\_\_\_\_

Current/Ending Salary: \_\_\_\_\_ hourly\_\_\_\_ yearly\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Seeking Other Employment: \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_ No\_\_\_\_ Notify me first \_\_\_\_

List your duties:

---

---

---

**Employer/Organization:** \_\_\_\_\_

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Employment Status: Full-Time\_\_\_\_\_ Part-Time\_\_\_\_\_ Hours worked per week:\_\_\_\_\_

Your Title: \_\_\_\_\_ Department: \_\_\_\_\_

Length of Employment: From date:\_\_\_\_\_ To Date:\_\_\_\_\_

Current/Ending Salary: \_\_\_\_\_ hourly\_\_\_\_ yearly\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Seeking Other Employment: \_\_\_\_\_

May we contact this employer?      Yes \_\_\_\_      No \_\_\_\_      Notify me first \_\_\_\_

List your duties:

---

---

---

**Employer/Organization:** \_\_\_\_\_

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Employment Status:    Full-Time\_\_\_\_    Part-Time\_\_\_\_    Hours worked per week:\_\_\_\_\_

Your Title: \_\_\_\_\_ Department: \_\_\_\_\_

Length of Employment: From date:\_\_\_\_\_ To Date:\_\_\_\_\_

Current/Ending Salary: \_\_\_\_\_ hourly\_\_\_\_ yearly\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Seeking Other Employment: \_\_\_\_\_

May we contact this employer?      Yes \_\_\_\_      No \_\_\_\_      Notify me first \_\_\_\_

List your duties:

---

---

---

**Employer/Organization:** \_\_\_\_\_

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Employment Status:    Full-Time\_\_\_\_    Part-Time\_\_\_\_    Hours worked per week:\_\_\_\_\_

Your Title: \_\_\_\_\_ Department: \_\_\_\_\_

Length of Employment: From date:\_\_\_\_\_ To Date:\_\_\_\_\_

Current/Ending Salary: \_\_\_\_\_ hourly\_\_\_\_ yearly\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Seeking Other Employment: \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_ No\_\_\_\_ Notify me first \_\_\_\_

List your duties:

---

---

---

**Employer/Organization:** \_\_\_\_\_

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Employment Status: Full-Time\_\_\_\_ Part-Time\_\_\_\_ Hours worked per week:\_\_\_\_\_

Your Title: \_\_\_\_\_ Department: \_\_\_\_\_

Length of Employment: From date:\_\_\_\_\_ To Date:\_\_\_\_\_

Current/Ending Salary: \_\_\_\_\_ hourly\_\_\_\_ yearly\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Seeking Other Employment: \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_ No\_\_\_\_ Notify me first \_\_\_\_

List your duties:

---

---

---

*The Scott County CDA reserves the right to contact a current employer after a contingent offer of employment has been accepted.*

Background Checks: Applicants invited to interview may be asked to fill out a form regarding their driving record and any past criminal convictions. Convictions are not an automatic bar to employment. Each case is considered on its individual merits. Kari Koskinen background check will be required for this position.

**SUPPLEMENTAL APPLICATION FORM – Housing Rehabilitation Coordinator**

The purpose of this Supplemental Application form is to obtain detailed information regarding your qualifications for the position of Housing Rehabilitation Coordinator. Since the requested information will be used to assist us in screening and assessing applicants, it is to your best advantage to be as complete as possible in responding to the questions. Your responses to the questions in this supplemental application will be verified with the information provided in your Employment Application form. If we are unable to validate your supplemental application information with the Employment Application, please be informed that your application may be rejected as an incomplete application and/or not meeting the minimum qualifications.

**Please select all tasks/functions you have performed.**

Experience	Employer Name(s)	Years of Experience
Manage residential rehab projects  YES _____ NO _____		
Manage rehab projects funded with public money  YES _____ NO _____		
Prepare Request for Bid/Request for Proposals using Microsoft Word/Excel/Outlook and PDF  YES _____ NO _____		
Administer residential rehab contracts, including maintaining detailed records, tracking payments, and ensure all items are complete to close file  YES _____ NO _____		
Coordinate vacant rental unit turnovers  YES _____ NO _____		
Coordinate multiple rehab projects at once  YES _____ NO _____		
Communicate with diverse cultures, low income residents, elderly or those with limited English proficiency  YES _____ NO _____		
Procurement of services such as lawn care/snow removal, painting, flooring, etc.  YES _____ NO _____		
Enforce contract compliance with contractors  YES _____ NO _____		
Experience with outreach to contractors, maintaining a list of interested bidders and developing relationships  YES _____ NO _____		
Perform residential property inspections (indicate any certification(s) held)  YES _____ NO _____		
Certifications: _____		

**NOTICE TO APPLICANTS**

The Minnesota Government Data Practices Act requires that you be informed that the following information which you are asked to provide in the employment application process is considered private data: name, home address and phone number, social security number, gender, racial/ethnic data, disability, citizenship and conviction record. You should know that furnishing racial/ethnic data, gender and social security information is voluntary; however, refusal to supply other information may mean your application will not be considered.

The purpose and use of private data is to distinguish you from other applicants; to identify you in our personnel records; to contact you for additional information and /or notify you of your status; to meet federal reporting requirements and monitor our equal opportunity program; to determine if you are legally authorized to work in the U.S.; and to determine and evaluate your qualifications for employment.

If you become a finalist for the position, you and your standing will become public information. Testing materials used for employment or promotion are classified as non-public, and will not be disclosed to you as this would compromise the objectivity and fairness of the testing process.

If you have any questions regarding your rights, please contact the Scott County CDA.

***READ THE FOLLOWING STATEMENTS CAREFULLY***

**Understanding of Employment Terms Agreement**

I certify that the information I provide to the Scott County CDA for employment is true and complete to the best of my knowledge. I understand that false information, misrepresentation, or omission of facts may be sufficient cause to disqualify me from further consideration for employment, or result in immediate dismissal if I am hired.

I authorize the Scott County CDA and its agents to verify job-related information contained in my application including, but not limited to, former employers, educational history, and personal/professional references. I release these organizations and individuals from any liability or damages for issuing this information.

I agree that as a condition of employment I will be required to pass any written, oral and medical examinations as may be required for the position for which I am applying. I understand that an offer of employment made by the Scott County CDA may be contingent depending upon the successful completion of a comprehensive drug test at a licensed laboratory, a criminal background check, references from my current employer and a review of my driving record.

**I have read and understand the above conditions.** Electronic signature is acceptable.

\_\_\_\_\_  
(Sign above, print name below)

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

\_\_\_\_\_



**VETERAN'S PREFERENCE APPLICATION:**

**Eligibility:** To qualify for Veteran's Preference, you must have been separated under honorable conditions from any branch of the armed forces of the United States after having served 181 consecutive days of active duty, or have been discharged for a service-connected disability and be a U.S. citizen or legal resident alien. The spouse of a deceased veteran or of a disabled veteran, who, because of such disability, is not able to earn a living, may also qualify. A person eligible to receive a monthly veteran's pension based on length of service is not eligible for Veteran's Preference.

**Proof:** You must submit a DD-214 Form or equivalent as proof of eligibility for Veteran's Preference in order to receive preference points. Such proof must include conditions of discharge and length of service. In the case of a disabled veteran, a verification of a current service-connected disability from the Veteran's Administration is also required. The spouse of a deceased veteran must provide a death certificate along with other required eligibility papers. All supporting documentation must be received no later than seven (7) calendar days after the application deadline for the position for which you are applying.

**Please complete the following if applying for veteran's preference:**

Veteran:  Self  Spouse

If Spouse, what is veteran's name: \_\_\_\_\_

**Does the veteran have a current service-connected disability?**  Yes  No

If yes: Claim #: \_\_\_\_\_ Current percent of disability: \_\_\_\_\_

**If surviving spouse of deceased veteran, please provide the following:** Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population.

The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office.

Scott County CDA appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Please indicate the position(s) for which you are applying: Housing Rehab Coordinator

Please indicate how you heard about this position: \_\_\_\_\_

Please place a check in the appropriate blanks:

Gender:  Male  Female

With which racial/ethnic group do you identify?

Asian or Pacific Islander

African American (Black)

Hispanic

Native American or Alaskan Eskimo

Caucasian (White)

Other (Please indicate: \_\_\_\_\_)

Disability status, defined as:

- 1) Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;
- 2) Has a record of such an impairment (condition);
- 3) Is regarded as having such an impairment (condition).

Based on the above information, do you claim Disability status?

Yes  No