



Scott County
Community Development Agency

323 South Naumkeag Street
Shakopee, MN 55379-1652

Phone: 952.402.9022
Fax: 952.496.2852

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 Specialist - Rental Assistance

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:

Name	Location (City, State)	Graduate?	Degree	Major
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:

Have your employment, volunteer and/or military service activities involved supervising other people? Yes No
If yes, explain the nature of your supervisory experience if it is relevant to the position for which you are applying.

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 previously been 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. This position will require a Kari Koskinen background check.

SUPPLEMENTAL APPLICATION FORM – Housing Specialist - Rental Assistance

Name: _____ **Date:** _____

The purpose of this Supplemental Application form is to obtain detailed information regarding your qualifications for the position of Housing Specialist. 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. Attach additional sheets if needed. The Scott County CDA Employment Application form must also be completed in its entirety. 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.

1. Please list your experience with assisted housing management, social work, or related field.

Type of Work	Employer	Number of Years

2. Please indicate any experience you have in the following areas:

	IF yes, Employer Name	IF yes, Years of Experience
managed case load of clients YES ___ NO ___		
worked with low income/LEP/disabled clients YES ___ NO ___		
maintained program compliance YES ___ NO ___		
used electronic document management system YES ___ NO ___		
resolved issues with program participants YES ___ NO ___		

3. If you have worked with rental assistance programs, please list your experience:

Type of Work Performed	Employer	Type of Program (HUD, State, RD, etc.)	Years of Experience

4. Do you have a Housing Choice Voucher Specialist certification? Yes ___ No ___
 If yes, what year did you receive? _____
 If no, do you have any other assisted housing related certification? : _____

5. How many years of experience do you have in assisted housing management, social work, or related field ?
 1-3 years _____ 3-5 years _____ Over 5 years _____

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 Specialist - Rental Assistance

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