

Name (Print): \_\_\_\_\_ Position: \_\_\_\_\_

# CHAPLAIN APPLICATION



Return application to:  
Sergeant Derek Anklan  
Chaplain Liaison  
Chisago County Sheriff's Office  
15230 Per Road  
Center City, MN 55012  
Phone: 651-213-6317  
Fax: 651-213-6330  
[Derek.Anklan@chisagocounty.us](mailto:Derek.Anklan@chisagocounty.us)

It is Chisago County's policy to provide equal opportunity in all areas of employment practices and to assure that there shall be no discrimination against any employee or applicant.

TODAY'S DATE: \_\_\_\_\_ DATE AVAILABLE FOR WORK: \_\_\_\_\_

NAME (PRINT): \_\_\_\_\_  
LAST FIRST MI

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME TELEPHONE NO.: \_\_\_\_\_ BUSINESS TELEPHONE NO.: \_\_\_\_\_

CELL PHONE NO.: \_\_\_\_\_

Have you applied for a position with Chisago County before?  Yes  No If yes, when? \_\_\_\_\_

(Proof of citizenship or immigration status will be required upon employment).

If you are selected for an interview or become a finalist for this job, the appointing authority may conduct a criminal background check on you. It will assess the seriousness and relationship of any crimes committed to your ability, capacity and fitness to perform the duties of this job. Please be advised that if you have been convicted of a crime which relates to this job, you likely will be eliminated from further consideration. Please check "yes" if you have read and understand this statement.

Yes  No

Do you have a valid driver license (if required for position applying for)  Yes  No If yes, class: \_\_\_\_\_

Driver's License Nbr. (If required by job) \_\_\_\_\_ State \_\_\_\_\_

#### DEPUTY CANDIDATES ONLY

Are you POST licensed or eligible to be licensed?  Yes  No License #: \_\_\_\_\_

#### TENNESSEN WARNING

This application is to assist in the process of referring you to county agencies for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to County agencies where you may be considered for employment. Names of applicants would become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

#### REFERENCES

References should be people who know you well, preferably from work experience. Do not list relatives.

1. Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship to you: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship to you: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship to you: \_\_\_\_\_

# EMPLOYMENT HISTORY

List current employment first. Include any military time. If more space is needed, attach separate sheet of paper.

Employer: _____	Dates of Employment: From _____ To _____
Address: _____	Telephone No. _____
Your Position Title: _____	Describe Your Work Duties: _____
Reason for Leaving: _____ Your Supervisors Name: _____	

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Address: _____	Telephone No. _____
Your Position Title: _____	Describe Your Work Duties: _____
Reason for Leaving: _____ Your Supervisors Name: _____	

Describe any additional experience or training that qualifies you for this position: \_\_\_\_\_  
\_\_\_\_\_

Please use this space to explain any gaps in employment dates: \_\_\_\_\_

Unless stated herein, I authorize Chisago County to conduct reference checks into any job-related information contained in this application, including, but not limited to, present and former employers, and my records maintained by an educational institution relating to academic performance such as transcripts.

Yes    Yes, but not present employer until job is offered    No   Employer: \_\_\_\_\_

# EDUCATION

	SCHOOL & ADDRESS	NO. YEARS COMPLETED	GRADUATED YES/NO	DEGREE	COURSE OF STUDY
High School					
College(s)/Grad School					
Vocational/Trade School					

### **CLAIM FOR VETERAN'S PREFERENCE**

**ELIGIBILITY**-A person who is eligible to receive a monthly veteran's pension based on length of service will not qualify for preference.

**VETERAN ELIGIBILITY FOR OPEN COMPETITIVE EXAMINATION** - Must be a U.S. citizen or a resident alien who was honorably separated after (a) serving on active duty 181 consecutive days or, (b) by reason of disability incurred while serving on active duty.

**DISABLED VETERAN ELIGIBILITY FOR OPEN COMPETITIVE EXAMINATION** - Must have a compensable service connected disability as adjudicated by the U.S. Veteran's Administration or by the Retirement Boards of the many branches of the Armed Forces and the disability must exist at the time preference is claimed.

**DISABLED VETERAN ELIGIBILITY FOR PROMOTIONAL EXAMINATION** - Must at the time of election to use preference, be entitled to disability compensation for a permanent service connected disability rated at 50% or more and the position for which you are applying must be the first promotion after entering public employment

**SPOUSE ELIGIBILITY AS A SPOUSE OF A DECEASED OR DISABLED VETERAN** - Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who, because of a disability is unable to qualify for the particular position and who would or who does meet the criteria for one of the above listed preferences.

**ALL APPLICANTS CLAIMING VETERAN'S PREFERENCE MUST ATTACH COPY OF SEPARATION PAPER (DD-214)**

NAME OF VETERAN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 DATE OF VETERAN'S DEATH: \_\_\_\_\_ IF DECEASED, SPOUSE'S NAME: \_\_\_\_\_  
 BRANCH OF MILITARY SERVICE: \_\_\_\_\_ DATES OF SERVICE: \_\_\_\_\_  
 Did veteran serve 181 consecutive active military days?  Yes  No If no, does veteran meet minimum active duty requirements for eligibility for federal veterans benefits?  Yes  No

TO BE COMPLETED BY SPOUSE OF DISABLED VETERAN  
 Veteran's current occupation: \_\_\_\_\_ Total earnings from employment last 12 months: \_\_\_\_\_  
 ATTACH A COPY OF MARRIAGE CERTIFICATE.

**CLAIMS NOT ACCOMPANIED BY PROPER DOCUMENTATION WILL NOT BE PROCESSED.**

I HEREBY CLAIM VETERAN'S PREFERENCE FOR THIS EXAMINATION AND ATTEST THAT THE INFORMATION GIVEN ON THIS DOCUMENT IS TRUE AND CORRECT. I ALSO AUTHORIZE THE RELEASE OF NECESSARY INFORMATION BY THE VETERAN'S ADMINISTRATION TO THE CHISAGO COUNTY HUMAN RESOURCE DEPT.

\_\_\_\_\_  
 Applicant Signature    Date    Social Security No.

**PLEASE READ THE PARAGRAPHS BELOW CAREFULLY BEFORE SIGNING**

**AUTHORIZATION TO CONDUCT REFERENCE CHECK(S)**  
 I hereby authorize Chisago County to contact those individuals, companies and/or agencies indicated on the application for the purpose of providing Chisago County with information related to this application. Information in violation of state and federal fair employment practice laws will not be sought or used by this employer.

**AUTHORIZATION FOR EMPLOYMENT PHYSICAL AND TESTING FOR ALCOHOL AND DRUGS**  
 I further understand that should I be offered employment with Chisago County, such employment is contingent upon successfully completing an employment physical to the County's satisfaction which could include screening for alcohol, drugs, and controlled substances, and that a psychological screening may be completed. I further understand that my signature below authorizes Chisago County to conduct such medical testing.

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

**AFFIRMATION OF ACCURACY**  
 I certify that answers given are true and complete to the best of my knowledge. An offer of employment with Chisago County is contingent on providing documentation necessary to establish my identity and eligibility to work in the United States and based upon the job's physical requirements. I understand that misrepresentation or omission of facts required may result in immediate termination. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. If an employment relationship is established, I understand that, unless otherwise specifically agreed to in writing, I have the right to terminate employment at any time, for any reason or no reason, and Chisago County retains the same right regarding the discontinuance of my employment. I further understand that my employment is not guaranteed for any term.

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

Chisago County will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, disability, age, marital status, status with regard to public assistance, or veteran status.

In order for us to comply with certain record keeping requirements, we ask that you fill out this document. This information is used solely for government reporting and will be kept in a confidential file separate from your application for employment.

Governmental agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only.

**Submission of information is voluntary. You are not legally required to provide this information.**

Today's Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_

Gender:  Male  Female

Race:  White (not of Hispanic Origin)  Black (not of Hispanic Origin)  Hispanic  
 Asian/Pacific Islander  American Indian/Alaskan Native

**Veteran:**  No  Yes

**Disabled Veteran:**  No  Yes

**Disability Status:**

A person with a disability is defined as:

1. Having a physical or mental impairment which substantially limits one or more major life activities\*.
2. Having a record of such an impairment.
3. Being regarded as having such an impairment.

\*Major life activities include caring for oneself, performing manual tasks, walking, talking, hearing, seeing, speaking, breathing, learning, and working.

**NOTE:** Temporary, non-chronic impairments of short duration, with little or no long-term impact, are usually not disabilities. A visual problem which has been corrected by glasses is usually not a disability. Veterans who are rated as "disabled" by the Veterans Administration are not automatically "disabled" under this definition.

**Based upon the above information, do you claim disability status?**  Yes  No

**Do you have special needs which may necessitate accommodations in the test facilities or test process?**

Yes  No If yes, please describe the type of accommodation needed:

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

Job accommodations will be considered on a case-by-case basis with essential function determinations being made for the position vacancy.

