





# AVAILABILITY AND TIME COMMITMENT

How much time are you willing to provide to Clay County?

Regular schedule: How many hours per week \_\_\_\_\_? Per Month \_\_\_\_\_?

Available for special assignments as needed: \_\_\_\_\_ Explain: \_\_\_\_\_

Other arrangements or wishes: \_\_\_\_\_

Do you have a current MN driver's license? No \_\_\_\_\_ Yes \_\_\_\_\_ DL Number \_\_\_\_\_

Please state briefly why you would like to be a part of Clay County?

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## REFERENCES (Not relatives or supervisor's listed above)

Name	Relationship to Applicant	Address	Phone Number

Person to contact in the event of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

I certify that all information contained in this application is true and complete to the best of my knowledge and belief. I further understand that acceptance into a volunteer position with Clay County is contingent upon investigation of my previous employment record and references. I acknowledge that any volunteer position I accept is a non-paid position and that my volunteer status does not form or express any employment relationship with the Clay County. I understand that if accepted into a volunteer status that I represent Clay County and that all assignments will be performed with courtesy, dignity, respect, and in a manner that will bring honor to Clay County. I understand that if accepted into a volunteer status that I will abide by the guidelines and job duties as outlined to me. I understand that it is my responsibility to familiarize myself with this information. I further understand that this information is subject to change and that Clay County reserves the right to amend or terminate that information and that any changes will immediately supersede the current contents and I agree to observe these changes in all respects.

I also acknowledge that I may be asked as a volunteer to use my personally owned vehicle for this volunteer work. As such, I acknowledge that I have the liability insurance coverage and will provide proof of that insurance upon request.

I understand and acknowledge that my volunteer status may result in my receiving information that may be considered confidential in nature. I understand and agree that I will exercise strict confidence and reasonable care to prevent disclosure to others. I agree that I will not divulge any information to the media or persons outside of Clay County unless first authorized to do so in writing by Clay County.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_



## **DATA PRACTICES ADVISORY AND BACKGROUND INVESTIGATION CONSENT FORM**

*READ THIS ADVISORY BEFORE COMPLETING AND SIGNING THIS FORM*

The Minnesota government Data Practices Act requires you to be informed that the following information, which you have been asked to provide on the attached form, is considered private data:

1. Your Full Name
2. Any and all previous names by which you are known, regardless of whether or not they were your legal names
3. Your date of birth
4. Your national origin
5. Your gender
6. Your social security number

The purpose and intended use of this data is to conduct a background investigation to determine whether there are any job-related factors that may affect your suitability for employment. This data will be used as described below:

1. To conduct a thorough and complete criminal history and felony background check, all names by which an applicant is or has been known must be listed.
2. In order to access driver's license data, date of birth must be supplied.
3. In order to complete and send for evaluation, fingerprint cards, the race and gender of the person being fingerprinted must be entered on the card.
4. In order to access criminal history data, date of birth, national origin and gender must be supplied.

Minnesota Statute Section 13.87, subdivision 3(e), requires that you also be informed that Clay County may access the Minnesota Public Criminal History website to obtain background investigation.

This data will be used solely for the purposes mentioned, or for other purposes necessary for the administration of law, rule or ordinance, but will be disseminated only as required by law. The hiring authority may receive information obtained through the use of this data, but will not receive the data itself.

Although you are not legally required to provide the requested information, failure to do so will result in Clay County being unable to conduct the required background check and your application will no longer be considered for employment.

If you are certified as eligible for appointment to a position or are considered a finalist, your name becomes public.

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

\_\_\_\_\_  
Date



***PROTECTED INFORMATION FORM***

FULL NAME:

DATE OF BIRTH:

NATIONAL ORIGIN:

GENDER:

SSN:

List below any other names by which you are or have been known:

1.

2.

3.

4.

5.

6.

I certify that the above information is true, complete and correct to the best of my knowledge and belief. I understand that any false information from this application may be cause for rejection, or dismissal if employed.

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

\_\_\_\_\_  
Date

*This form must be returned with the signed data practices advisory form to the Human Resources Department.*