

AN EQUAL OPPORTUNITY  
EMPLOYER/TOBACCO FREE  
ENVIRONMENT



EMPLOYMENT APPLICATION

Return to:  
Isanti County Sheriff's Office  
Attention: Safety & Rescue  
509 18<sup>th</sup> Ave. SW  
Cambridge, MN 55008

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
(Last) (First) (Middle)

PRESENT ADDRESS: \_\_\_\_\_  
(House or Box No.) (Street) (City) (State) (Zip Code)

PERMANENT ADDRESS: \_\_\_\_\_  
(House or Box No.) (Street) (City) (State) (Zip Code)

TELEPHONE NUMBER: \_\_\_\_\_ OTHER TELEPHONE NUMBER: \_\_\_\_\_

DRIVERS LICENSE: \_\_\_\_\_ ARE YOU AT LEAST 18 YEARS OF AGE? [ ] YES [ ] NO

DATE AVAILABLE TO START AS A SAFETY RESCUE VOLUNTEER: \_\_\_\_\_

<u>MILITARY SERVICE RECORD</u>			
WERE YOU IN THE U.S. ARMED FORCES?	_____ YES	_____ NO	BRANCH _____
RANK AT DISCHARGE	_____		

PLEASE DESCRIBE SPECIALIZED TRAINING AND SKILLS, EXPERIENCE OR INTERESTS YOU POSSESS THAT MAY BE USEFUL IN EVALUATING YOU FOR SAFETY/RESCUE \_\_\_\_\_

WORK EXPERIENCE: (LIST ALL POSITIONS HELD, START WITH PRESENT. USE ADDITIONAL SHEET IF NECESSARY)

EMPLOYER _____	TELEPHONE NUMBER _____
ADDRESS _____	FROM _____ TO _____
JOB TITLE _____	Supervisor _____
DESCRIBE JOB DUTIES _____	
_____	
_____	
REASON FOR LEAVING _____	
_____	

EMPLOYER _____	TELEPHONE NUMBER _____
ADDRESS _____	FROM _____ TO _____
JOB TITLE _____	Supervisor _____
DESCRIBE JOB DUTIES _____	
_____	
_____	
REASON FOR LEAVING _____	
_____	

EMPLOYER _____	TELEPHONE NUMBER _____
ADDRESS _____	FROM _____ TO _____
JOB TITLE _____	Supervisor _____
DESCRIBE JOB DUTIES _____	
_____	
_____	
REASON FOR LEAVING _____	
_____	

**PERSONAL REFERENCES:**  
(Please do not list relatives or former employers)

NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

PERMISSION IS HEREBY GIVEN TO ISANTI COUNTY TO INVESTIGATE PREVIOUS EMPLOYMENT, EDUCATIONAL BACKGROUND, AND REFERENCES. I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF ISANTI COUNTY.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_