

**Wright Soil and Water Conservation District
Application for Employment**

I. Equal Employment Opportunity

It is the policy of the Wright SWCD (SWCD) to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

II. Data Privacy Notice

The information requested on this application is intended to be used by the SWCD in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the SWCD being unable or unwilling to offer you employment. With respect to any special accommodations necessary for completing your application or the interview process, the SWCD may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the SWCD without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

III. Position Desired

Title of position for which you are applying: _____

Date Available to begin Employment: _____

IV. Personal Data

Name (Last, First, Middle): _____

Home Phone: _____ Alt. Phone: _____

Address: _____

City: _____ State: _____ Zip _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States?

Yes No

Have you previously worked for the SWCD? Yes No

If yes, position held: _____

If yes, what name may your previous employment records be found? _____

Do you have any special needs which may necessitate accommodations in the application/interview process? Yes No

If yes, please describe the type of accommodation requested:

List all other names under which you have been employed or under which your employment or educational records may be found:

V. Work/Volunteer Experience

List *all* work and volunteer experience, most recent to be listed first.

Employer Name: _____
Employer Address: _____
Job Title: _____
Job Duties: _____

Dates of Employment/Experience: _____
Reason for Leaving: _____

Employer Name: _____
Employer Address: _____
Job Title: _____
Job Duties: _____

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Employer Address: _____
Job Title: _____
Job Duties: _____

Dates of Employment/Experience: _____
Reason for Leaving: _____

(Attach additional sheets if necessary.)

VI. Licensure

List current licenses, registrations, or certificates relevant to the position for which you are applying.

<u>License/No.</u>	<u>Issued by</u>	<u>Date</u>	<u>Expiration</u>

All applicable licenses or certifications must be received in the SWCD office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

VII. Education

Include high school and/or institution issuing GED and any additional education/courses taken. **Do not list dates of attendance for high school.** List most recent first.

Name of School: _____
 Address of School: _____
 Degree/Diploma Received: _____
 Major/Minor: _____
 Dates of Attendance: _____

Name of School: _____
 Address of School: _____
 Degree/Diploma Received: _____
 Major/Minor: _____
 Dates of Attendance: _____

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 Address of School: _____
 Degree/Diploma Received: _____
 Major/Minor: _____
 Dates of Attendance: _____

Name of School: _____
 Address of School: _____
 Degree/Diploma Received: _____
 Major/Minor: _____
 Dates of Attendance: _____

List/describe any other training and/or experience relevant to the position for which you are applying: _

VIII. References

These should be people in a position to discuss your qualifications for the position you seek. Included especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The SWCD reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

IX. Veteran Status

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran’s Preference Points? Yes No

Do you wish to claim Veteran’s Preference Points? Yes No

If you are disabled veteran and wish to claim additional points, please check here:

Veterans preference points are awarded to qualified veterans and spouses of deceased or disabled veterans and are added to competitive exam results. Qualified veterans are eligible to receive 10 or 15 preference points subject to the provisions of MN Statutes 197.455. Proof of applicable military status/eligibility, such as DD214 form, must be supplied with application. Disabled veterans must also supply a letter from the USDVA verifying active duty disability. Spouses applying for preference points must supply their marriage certificate, the veteran’s DD214 form and a letter from the USDVA verifying the veteran’s disability or death certificate. All required documents must be received no later than the closing deadline for accepting your application.

X. Prior Employment

Have you ever been discharged or forced to resign from prior employment?

Yes No

If so, identify the employer and describe the circumstances: _____

XI. Personal Statement

Please indicate why you are interested in the position and what you hope to accomplish if selected. _____

XII. Unexcused Absences from Work

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family? _____

XIII. Certification, Acknowledgement and Release

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the SWCD.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the SWCD Board of Supervisors or the appointing authority referenced in the job description and that until such approval that the SWCD shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all current and former employers, organizations where I have volunteered (“Volunteer organizations”) and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the SWCD and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the SWCD will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

I hereby release the SWCD and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said SWCD, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date _____ Signature _____
(Do Not Print)

* Notice to Applicant: If you do not agree with any portion of the acknowledgement, certification, authorization and release, cross out that section and initial it.