

Grant Soil and Water Conservation District

Application for Employment

Instructions for Completion: In order for your application to be considered, you will need to complete each section as completely as possible, and remember to sign and date the application. Please do not write “see attached resume”, as we will not accept your application as blank with a resume. This document is a legal instrument, and as such, needs to be filled out accurately and completely.

EQUAL EMPLOYMENT OPPORTUNITY: It is the policy of Grant Soil and Water Conservation District (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.

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 employment to you. 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 the Personal History section. 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.

POSITION DESIRED

Position You Are Applying For: (Complete an application for each of the positions applying for)	
Type of Employment Desired:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Seasonal
Date You Would Be Available to Begin Employment:	

PERSONAL DATA

First	MI	Last	Today's Date
Street Address		City, State, Zip	
Home Phone	Alternate Phone	Email Address	
Are you a U.S. citizen or legally eligible to hold employment in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any special needs which may necessitate accommodation in the application/interview process?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the type of accommodations requested below:			
If you are under 18, can you furnish a work permit if it is required?			<input type="checkbox"/> Yes <input type="checkbox"/> No
List all names you have gone by or under which your employment or educational records may be found:			

WORK/VOLUNTEER EXPERIENCE List all work experience, whether or not relevant to this position, and all relevant volunteer experience, starting with the most recent. Attach additional sheets if necessary.

1) Company Name		Job Title
Address		Name & Title of Supervisor
City, State, Zip	Telephone	Dates of Employment (mm/dd/yyyy) From: _____ To: _____
Describe your duties & responsibilities below		Reason for leaving

2) Company Name		Job Title
Address		Name & Title of Supervisor
City, State, Zip	Telephone	Dates of Employment (mm/dd/yyyy) From: _____ To: _____
Describe your duties & responsibilities below		Reason for leaving

3) Company Name		Job Title
Address		Name & Title of Supervisor
City, State, Zip	Telephone	Dates of Employment (mm/dd/yyyy) From: _____ To: _____
Describe your duties & responsibilities below		Reason for leaving

4) Company Name		Job Title
Address		Name & Title of Supervisor
City, State, Zip	Telephone	Dates of Employment (mm/dd/yyyy) From: _____ To: _____
Describe your duties & responsibilities below		Reason for leaving

LICENSURE List all current licenses/registrations/certificates relevant to the position you are applying for.

Type	License #	Issued By	Date Issued	Exp. Date
Driver's License / Required				

COMPUTER SKILLS Indicate level of experience and/or knowledge (if relevant to the position applying for)

N=None

G=General (1-2 Years Home or Work Related Experience)

E=Experienced (2-5 Years Work Related Experience)

P=Professional (5+ Years Work Related Experience)

Microsoft Word	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P	Microsoft Excel	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P
Microsoft Access	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P	Microsoft PowerPoint	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P
Microsoft Outlook	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P	Quickbooks Accounting Program	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P
Internet Explorer	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P	ArcGIS	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P
Other: Please List			<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P
			<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P

OTHER SKILLS & TRAINING Please be specific.

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EDUCATIONAL HISTORY Include high school and/or institution issuing GED and any additional education/courses taken. List the most recent first.

School	School Name	City/State	Major/Minor	Dates (mm/yyyy) of Attendance	Did you Graduate?	Type of Degree / Diploma
High School				Do not list dates of attendance for high school	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College/ University					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
Business/ Tech.					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
Graduate/ Other					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	

REFERENCES These should be individuals in a position to discuss your qualifications for the position you seek. Include 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 the references listed below.

Name:		Title/Company:	
Address:		Phone #:	

Name:		Title/Company:	
Address:		Phone #:	

Name:		Title/Company:	
Address:		Phone #:	

CRIMINAL BACKGROUND INFORMATION

The SWCD will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions, criminal background information will be requested during the application stage, i.e. Correctional Officers. Further, the SWCD may conduct a criminal background check on individuals upon making a contingent job offer.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to claim Veteran’s Preference Points?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a disabled veteran and wish to claim additional points, please check here.	<input type="checkbox"/>
Grant SWCD awards preference points to qualified veterans. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. Applicants must supply with their application or within five (5) business days, a copy of their DD214 , which must show years of service and type of discharge. Disabled veterans must also supply with their application or within five (5) business days, form FL21-802 , or an equivalent letter from a service retirement board.	

PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, identify the employer and describe the circumstances below:	

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?	
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CERTIFICATION, ACKNOWLEDGMENT & 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 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.

Signature of Applicant (Do Not Print)

Date

RETURN THIS APPLICATION TO:

Grant Soil and Water Conservation District

712 Industrial Park Blvd.

Elbow Lake, MN 56531

P: (218) 685-5395

www.grantswcd.org