

**FILLMORE COUNTY SOIL AND WATER CONSERVATION DISTRICT
APPLICATION FOR CLASSIFIED PERSONNEL POSITIONS**

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Fillmore 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 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 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

Address _____ Home Phone _____

Street

Other Phone _____

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 Fillmore County or the SWCD? Yes ___ No ___

If yes, position held/department: _____

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

Do you have any special needs which may necessitate accommodations in the application or 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: _____

Name of Immediate Supervisor: _____ Phone Number: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Name of Immediate Supervisor: _____ Phone Number: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

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Employer Address: _____

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Employer Address: _____
Name of Immediate Supervisor: _____ Phone Number: _____
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. Include extracurricular activities.

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Extracurricular Activities: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Extracurricular Activities: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Extracurricular Activities: _____

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. 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 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 a disabled veteran and wish to claim additional points, please check here. ___

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? _____

XIV. CERTIFICATION, ACKNOWLEDGMENT 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, and that, until such approval, 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 former employers, organizations where I have volunteered, and references named in this application, or any agent of such 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/qualification 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, from any and all liability of whatever nature by reason of requesting or providing such information.

Date _____ Signature _____

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