

POPE SOIL & WATER



CONSERVATION DISTRICT

APPLICATION FOR PERSONNEL POSITIONS

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Pope 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 Pope 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 Pope 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 Pope 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 Pope SWCD without your consent except as necessary for tax purposes or otherwise required by state or federal law.

III. POSITION DESIRED

Title of the Position for which you are applying: _____

Date available to begin employment: _____

IV. PERSONAL DATA

Name _____
Last First Middle (No initials please)

Address _____
Street City State Zip

Phone Number _____ Alternate Phone _____

Email Address _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States? Yes ___ No ___

Have you previously worked for Pope 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 that 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 experience, whether or not relevant to this position, and all relevant volunteer experience, most recent listed first.

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Job Title: _____

Job Duties: _____

Dates mm/dd/yyyy of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Job Title: _____

Job Duties: _____

Dates mm/dd/yyyy of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Job Title: _____

Job Duties: _____

Dates mm/dd/yyyy of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Job Title: _____

Job Duties: _____

Dates mm/dd/yyyy of Employment/Experience: _____

Reason for Leaving: _____

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

Dates mm/dd/yyyy of Employment/Experience: _____
Reason for Leaving: _____

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 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 mm/dd/yyyy of Attendance: _____

Name of School: _____
Address of School: _____

Degree/Diploma Received: _____
Major/Minor: _____
Dates mm/dd/yyyy of Attendance: _____

Name of School: _____
Address of School: _____

Degree/Diploma Received: _____
Major/Minor: _____
Dates mm/dd/yyyy of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates mm/dd/yyyy 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. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The Pope 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: _____
Company: _____
Address: _____
Phone Number: _____ Title: _____

Name of Reference: _____
Company: _____
Address: _____
Phone Number: _____ Title: _____

Name of Reference: _____
Company: _____
Address: _____
Phone Number: _____ Title: _____

IX. CRIMINAL BACKGROUND INFORMATION

The Pope 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.

X. 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 _____

Are you the spouse of a deceased honorably discharged veteran or disabled veteran who is unable to work due to such disability? 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. _____

Proof of applicable military status/eligibility will be required in order to claim credits.

If you receive a passing score, you will be shown your score.

XI. PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment, other than in relation to human rights charge or lawsuit in which you were the claimant/plaintiff? Yes _____ No _____

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

XII. PERSONAL STATEMENT

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

XIII. UNEXCUSED ABSENCE 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, AUTHORIZATION 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 for consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the Pope SWCD.

I understand, acknowledge, and agree that no offer of employment is valid or binding until formal approval by the Pope SWCD Board or the appointing authority referenced in the job description and that until such approval the Pope 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 former employer or volunteer organizations, to release to the Pope 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 Pope SWCD will use this information in determining 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 Pope SWCD and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said Pope 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 _____

(Written - DO NOT PRINT)