



MOWER SOIL AND WATER CONSERVATION DISTRICT
APPLICATION FOR EMPLOYMENT

Date Received \_\_\_\_\_
(office use only)

Please Return To: Cody Fox Mower SWCD 1408 21st Ave NW Austin, MN 55912
Fax: 507-434-2680
e-mail: cody@mowerdistrict.org

Dear Applicant:

We welcome you as an applicant for employment. It is the policy of the Mower Soil and Water Conservation District (SWCD) to provide equality of opportunity in employment. This policy prohibits 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 in all aspects of the Mower SWCD's personnel policies, programs, practices and operations. This policy applies to all phases of full, part time, temporary and seasonal employment.

The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment by the Mower SWCD. Incomplete information could result in your application being rejected. Please fill out the application completely, do not write "See Resume" or the information may not be considered. YOU ARE ENCOURAGED TO ATTACH ANY ADDITIONAL INFORMATION WHICH YOU BELIEVE QUALIFIES YOU FOR THE POSITION.

I. Position Applying For:

PLEASE USE INK OR TYPEWRITER: Date Available: \_\_\_\_\_
Title or kind of work applied for: \_\_\_\_\_
Permanent Part Time
Temporary Seasonal

II. PERSONAL INFORMATION:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_
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: \_\_\_\_\_
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 Mower SWCD? Yes \_\_\_\_\_ No \_\_\_\_\_
If yes, position held: \_\_\_\_\_
Under what name may your previous employment records at the Mower SWCD and other employers be found? \_\_\_\_\_
Do you have any relatives currently employed with Mower SWCD? Yes \_\_\_\_\_ No \_\_\_\_\_
If yes, Name of relative \_\_\_\_\_ Position: \_\_\_\_\_

**III. Education**

Circle the highest grade completed and any degree(s) or certification(s) received:

High School  
9 10 11 12  
\_\_\_ Diploma

GED-Equivalent to High School Diploma  
Yes \_\_\_ No \_\_\_

College  
AA BA AAS  
BS  
1 2 3 4 (Years)

Post Graduate  
MA Ph.D.

Type of School	Name and Address of School	Degree or Certificate Received	Major/Minor
High School			
College or University			
Graduate School			
Technical			

List any correspondence courses, special courses, seminary, workshops, training, and skills acquired that might *relate to this position*. Please review the job description before answering this question

\_\_\_\_\_

\_\_\_\_\_

**IV. Licenses**

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

License/No.                      Issued By:                      Date                      Expiration

\_\_\_\_\_

\_\_\_\_\_

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

**V. TO BE COMPLETED BY ALL APPLICANTS:**

Typing Ability: Yes \_\_\_ No \_\_\_ WPM \_\_\_\_\_

Business Machines and Experience:

\_\_\_\_\_

Bookkeeping Experience:

\_\_\_\_\_

Software Packages:

\_\_\_\_\_

**VI. EMPLOYMENT HISTORY**

List *all* work and volunteer experience, whether or not relevant to this position, most recent to be listed first.

1.

<b>Employer's Name</b>		
<b>Address</b>		
<b>Phone No.</b>		
<b>Position Held</b>		
<b>Immediate Supervisor:</b>		
<b>Number of Years Employed</b>	<b>Last Salary</b>	<b>Full Time</b> ____
<b>Dates of Employment</b> mm/dd/yyyy		<b>Part Time</b> ____
<b>Duties Performed</b>		
<b>Reason for Leaving:</b>		

2.

<b>Employer's Name</b>		
<b>Address</b>		
<b>Phone No.</b>		
<b>Position Held</b>		
<b>Immediate Supervisor:</b>		
<b>Number of Years Employed</b>	<b>Last Salary</b>	<b>Full Time</b> ____
<b>Dates of Employment</b> mm/dd/yyyy		<b>Part Time</b> ____
<b>Duties Performed</b>		
<b>Reason for Leaving:</b>		

3.

<b>Employer's Name</b>		
<b>Address</b>		
<b>Phone No.</b>		
<b>Position Held</b>		
<b>Immediate Supervisor:</b>		
<b>Number of Years Employed</b>	<b>Last Salary</b>	<b>Full Time</b> ____
<b>Dates of Employment</b> mm/dd/yyyy		<b>Part Time</b> ____
<b>Duties Performed</b>		
<b>Reason for Leaving:</b>		

Duplicate this sheet and list additional employers, if necessary, for the past 20 years. Include volunteer unpaid work.

**VII. 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 Mower SWCD reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**VIII. PRIOR EMPLOYMENT**

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

If so, identify the employer and describe the circumstances: \_\_\_\_\_

**IX. 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? \_\_\_\_\_

**X. TO BE COMPLETED BY APPLICANTS FOR LABOR AND SKILLED TRADE POSITIONS:**  
Apprenticeship(s) served or trades learned: \_\_\_\_\_  
Drivers License No.: \_\_\_\_\_ Class: \_\_\_\_\_  
Capable of operating the following equipment: \_\_\_\_\_

**XI. 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. \_\_\_\_

*Applicants claiming Veteran's Preference must attach a copy of DD Form 214.*

**XII. CONVICTION INFORMATION:**

The Mower SWCD declares that the existence of a criminal conviction will not automatically disqualify you from SWCD employment, though certain types of criminal conviction will prohibit you from working in certain departments. For further explanation, contact the Mower SWCD District Manager. The Mower SWCD may conduct a criminal background check upon making a contingent job offer.

Have you ever been convicted or charged with a misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date and place: \_\_\_\_\_

Nature of Offense \_\_\_\_\_ Disposition: \_\_\_\_\_

Were you convicted and/or did you plead guilty? \_\_\_\_\_

If more than one, please give same information for each offense:

**XIII. DATA PRIVACY/TENNESSEN WARNING**

The information requested on this application is intended to be used by the Mower 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 Mower 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 Mower SWCD may be unable to provide the necessary accommodations if you do not provide the information in Section II. The information on this application, which is classified as private data under the Minnesota Government Data Practices act, will not be released outside the Mower SWCD without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

**XIV. Certification 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 Mower SWCD.

**I understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the Mower SWCD Board or the appointing authority referenced in the job description and that until such approval the Mower 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 Mower 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 Mower 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 Mower 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)