



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
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:

<u>License/No.</u>	<u>Issued By:</u>	<u>Date</u>	<u>Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____

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:

Office Equipment/ Computer Experience:

Bookkeeping Experience:

Software Packages:

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

1.

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

2.

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

3.

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

Duplicate this sheet and list additional employers, if necessary, for the past 10 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: _____

IV. 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: _____

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 _____

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 submit a DD214 no later than 7 calendar days after the closing of the position. If you do not submit the required documentation by the deadline you will not be awarded Veteran's Preference.

XI. 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.

XII. 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)