

APPLICATION for EMPLOYMENT

Lac qui Parle Soil & Water Conservation District

122 8th Avenue S., Madison MN 56256

Phone: 320-598-7321 x 3

FAX: 320-598-3432

Date received _____ (SWCD use only)

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Lac qui Parle Soil and Water Conservation District 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 will be considered personal and confidential, and will be used by the Lac qui Parle Soil and Water Conservation District only to determine 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

Current address:

Street

Home Phone: _____

City State Zip

Alternate(cell) Phone: _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States?

Yes _____ No _____

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 and volunteer experience, most recent to be listed first.

Employer Name: _____ Phone: _____

Employer Address: _____

May we contact? Yes _____ No _____ Immediate Supervisor's Name _____

Position Held: _____

Duties Performed: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____ Phone: _____

Employer Address: _____

May we contact? Yes _____ No _____ Immediate Supervisor's Name _____

Position Held: _____

Duties Performed: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

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Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____ Phone: _____

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May we contact? Yes _____ No _____ Immediate Supervisor's Name _____

Position Held: _____

Duties Performed: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Attach additional sheets as necessary. Include volunteer unpaid work.

VI. LICENSURE

Do you have a valid driver's license? Yes _____ No _____

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 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

Did you graduate from a High School or receive a G.E.D.? Yes _____ No _____

Name & address of last High School and/or institution issuing GED:

How many years of education have you had? (circle one) 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Name of School: _____

Address of School: _____

Degree/Diploma/Certificate _____

Major/Minor: _____

Dates of Attendance: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates of Attendance: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates of Attendance: _____

List/describe any correspondence courses, special courses, workshops, other training and/or experience that might relate to this position. Review the job description before answering this question.

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 the 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. CRIMINAL BACKGROUND INFORMATION

The existence of a criminal conviction will not automatically disqualify you from employment, though certain types of criminal conviction will prohibit you from working in certain departments. For further explanation, contact the SWCD.

Have you ever been convicted as an adult for a criminal violation? Yes _____ No _____

If yes, date, city, county, and state: _____

Nature of the offense: _____

If more than one, please give the same information _____

The District will conduct a criminal background check on individual upon making a contingent job offer.

X. PERSONAL STATEMENT

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

XI. VETERAN STATUS

The definition of a veteran is defined by MN Statute 197.447:

The word "veteran" as used in sections 43A.11, 196.02, 196.0, 197.601, and 282.038 means any person who has been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and who is a citizen of the United States or resident alien.

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. _____

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 for or forward it within five (5) business days.

XII. CERTIFICATION, AUTHORIZATION

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 District. The Lac qui Parle SWCD is **authorized to request** a transcript where necessary to verify any educational record.

Date: _____ Signature: _____

(Do not print)

XIII.

TENNESEN WARNING

In accordance with the Minnesota Government Data Practices Act, Lac qui Parle Soil & Water Conservation District is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices requires that you be informed that the following information, which you are asked to provide on the application for employment, is considered private data:

- | | |
|---------------------------|----------------------|
| 1. Name | 6. Conviction record |
| 2. Home address | 7. Sex |
| 3. Home phone number | 8. Age group |
| 4. Social Security number | 9. Disability type |
| 5. Date of birth | |

We ask this information for the following reasons:

- To distinguish you from all the other applicants and identify you in our personnel files
- To enable us to verify that you are the individual who makes the application
- To enable us to contact you when additional information is required, send notices to you, and/or schedule you for interviews
- To determine if you meet the minimum age requirements, if any
- To determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for
- To enable us to ensure your rights to equal opportunities
- To meet Federal and State reporting requirements
- To make processing more efficient

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in Lac qui Parle SWCD and the policies, rules and regulations promulgated pursuant thereto.

Furnishing Social Security number, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you and to the other persons in the SWCD office who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process, which is not designated in this notice as private data.

If Lac qui Parle SWCD hires you, you will be legally required to supply your Social Security number and all applicable tax information. This information will be sent to Federal and State tax authorities and to the Social Security Administration, and will enable us to compute your salary deductions. Insurance data, which you will be required to furnish in order to participate in Lac qui Parle SWCD health insurance plan, will be classified as private, as will payroll deduction data.

In accordance with Minnesota Statutes 13.03 and 13.04, I have been informed of and understand my rights as a subject of data.

Date: _____ Signature: _____

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