

LAC QUI PARLE SOIL AND WATER CONSERVATION DISTRICT APPLICATION FOR EMPLOYMENT

I. PERSONAL DATA

APPLICANT INFORMATION				
Last Name	First	M.I.		
Street Address			Apartment/Unit #	
City	State	ZIP		
Phone	E-mail Address			
Date Available	Social Security No.			
Are you authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>				

EDUCATION				
Did you graduate from high school or receive a GED?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Name and location of last high school attended:				
Name and Location of College, University, Technical School	Number of years completed	Did you graduate?	Major courses of study	Certificate or degree
1.				
2.				
3.				
4.				

List/describe any other training and/or experience relevant to the position for which you are applying:

Please attach additional sheets if necessary.

PAST WORK EXPERIENCE					
<i>Please account for the past five years.</i>					
Employer			Job Title		
Address			Phone		
Dates of employment	Start:	Finish:	May we contact this employer	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Job duties					
Reasons for leaving					
Employer			Job Title		

Address				Phone			
Dates of employment	Start:		Finish:		May we contact this employer	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Job duties							
Reasons for leaving							
Employer				Job Title			
Address				Phone			
Dates of employment	Start:		Finish:		May we contact this employer	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Job duties							
Reasons for leaving							

Please attach additional sheets if necessary.

ADDITIONAL INFORMATION							
State any additional information that may be helpful to us in considering your application							

REFERENCES							
<i>Please list three professional references who have known you for at least a year.</i>							
Full Name				Relationship			
Company				Phone			
Address							
Full Name				Relationship			
Company				Phone			
Address							
Full Name				Relationship			
Company				Phone			
Address							

LICENSURE

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

License/No.	Issued by:
Date	Expiration
License/No.	Issued by:
Date	Expiration
License/No.	Issued by:
Date	Expiration

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 <input type="checkbox"/>	NO <input type="checkbox"/>
Do you wish to claim Veteran's Preference Points?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, identify the employer and describe the circumstances:		

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?	
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II. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the LAC QUI PARLE SWCD to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, age, disability, sexual orientation, gender, marital status or any other legally protected status.

III. DATA PRIVACY NOTICE

The information requested on this application is intended to be used by the LAC QUI PARLE 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 LAC QUI PARLE 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 LAC QUI PARLE 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 LAC QUI PARLE SWCD without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

XIII. 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 LAC QUI PARLE SWCD.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the LAC QUI PARLE SWCD Board of Supervisors and that until such approval that the LAC QUI PARLE 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' names in this application, or any agent of such former employer or volunteer organizations, to release to the LAC QUI PARLE 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 LAC QUI PARLE 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 LAC QUI PARLE SWCD and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said LAC QUI PARLE SWCD, former employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

Signature_____

Date_____

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.