



**FREEBORN COUNTY SOIL & WATER CONSERVATION  
DISTRICT**

**APPLICATION FOR EMPLOYMENT**

*Return completed application to:  
Freeborn County SWCD  
Brenda Lageson  
1400 W Main Street  
Albert Lea, MN 56007*

**I. EQUAL EMPLOYMENT OPPORTUNITY**

It is the policy of the Freeborn County SWCD to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, and marital 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 Freeborn County 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 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 Freeborn County 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

Address \_\_\_\_\_

—

Street

City

State

Zip

Home Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously worked for an SWCD? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, position held \_\_\_\_\_

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. VETERAN'S PREFERENCE POINTS**

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 form or forward it within five (5) business days.

**VI. WORK/VOLUNTEER EXPERIENCE**

List all work and volunteer experience, most recent to be listed first.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of mm/dd/yyyy Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

***Attach additional sheets if necessary.***

**VII. LICENSURE**

List current licenses, registrations, or certificates relevant to the position for which you are applying. Include driver's license.

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

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

**VIII. 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 to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IX. 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 references listed below.

Name of Reference: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

**X. CRIMINAL BACKGROUND INFORMATION**

*The SWCD may request information regarding criminal history in the event that you become a finalist for the position which you are applying. Further, the SWCD may conduct a criminal background check on individuals upon making a contingent job offer. If a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to the SWCD, and formal approval by the appointing authority.*

**XI. PRIOR EMPLOYMENT**

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, identify the employer and describe the circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XII. PERSONAL STATEMENT**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XIII. 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? \_\_\_\_\_

**XIV. 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 Freeborn County SWCD.

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



**TENNESSEN WARNING**

In accordance with the Minnesota Government Data Practices Act, Freeborn County 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 require 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
2. Home address
3. Home phone number
4. Social Security number
5. Date of birth
6. Conviction record
7. Sex
8. Age group
9. Disability type

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 Freeborn County 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 bonafide 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 Freeborn County 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 Freeborn County SWCD health and life insurance plans, 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICANT DATA RECORD

Applicants and employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, status with regard to public assistance, medical condition or disability.

As employers/government contractors, Freeborn County SWCD complies with government regulations and affirmative action responsibilities.

Solely to help us comply with government recordkeeping, reporting and other legal requirements, please complete the information below. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary. We appreciate your cooperation.

Date: \_\_\_\_\_

Position Applied For:

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Check one:

Male

Female

Check one of the following:

White

Black

Hispanic

American Indian

Alaskan Native

Asian/Pacific Islander

Check any of the following that are applicable:

Vietnam Era Veteran

Disabled Veteran

Disabled Individual