



FREEBORN COUNTY SOIL AND WATER CONSERVATION DISTRICT

APPLICATION FOR EMPLOYMENT

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

I. PERSONAL DATA

APPLICANT INFORMATION				
Last Name	First	M.I.		Date
Street Address			Apartment/Unit #	
City	State		ZIP	
Phone	E-mail Address			
Date Available				
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	Dates of employment	Start:	Finish:	
Address	Phone ()			
Job Title	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											
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											
Please check the computer programs in which you are proficient											
<input type="checkbox"/> MS Word	<input type="checkbox"/> MS Excel	<input type="checkbox"/> MS PowerPoint	<input type="checkbox"/> Adobe Photoshop	<input type="checkbox"/> Arc/GIS/	Arc View	<input type="checkbox"/> Other (list)					
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	
<i>List current licenses, registrations or certificates relevant to the position for which you are applying.</i>	
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? Form DD214 will be required to claim - Attach or mail within 5 business days.	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?	

II. 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, 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 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 Freeborn County 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 Freeborn County 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. A USDA background check will be required.

IV. 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 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 of Supervisors and that until such approval that the Freeborn County 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 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 the Freeborn County 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 Freeborn County SWCD and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said Freeborn County 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.

The Tennesen Warning Notice

Minnesota Statutes, section 13.04, subdivision 2

<p>The notice must be given when:</p>	<ul style="list-style-type: none"> • An individual • Is asked to supply • Private or confidential data • Concerning self <p><i>All four conditions must be present to trigger the notice requirement</i></p>
<p>The notice docs <i>not</i> need to be given when :</p>	<ul style="list-style-type: none"> • The data subject is not an individual; • The subject offers information that has not been requested by the entity; • The information requested from the subject is about someone else; • The entity requests or receives information about the subject from someone else, or • The information requested from the subject is public data about that subject.
<p>Statements must be included that inform the individual:</p>	<ul style="list-style-type: none"> • Why the data are being collected from the individual and how the entity intends to use the data; • Whether the individual may refuse or is legally required to supply the data; • Any consequences to the individual of either supplying or refusing to supply the data; and • The identity of other persons or entities authorized by law to receive the data.
<p>Consequences of giving the notice are:</p>	<p>Private or confidential data on individuals may be collected, stored, used and released as described in the notice without liability to the entity.</p>
<p>Consequences of giving an incomplete notice, or <i>not</i> giving the notice at all, are:</p>	<p>Private or confidential data on individuals cannot be collected, stored, used or released for any purposes other than those stated in the notice unless:</p> <ul style="list-style-type: none"> • The individual subject of the data gives informed consent; • The Commissioner of Administration gives approval; or • A state or federal law subsequently authorizes or requires the new use or release.