



Application for Employment

An Equal Opportunity Employer

Name: _____

Position Applying For: _____

Type of Employment Desired: Full-time Part-Time Temporary On-call

Date Available for Work: _____

*Thank you for your interest in employment with
Freeborn County Soil & Water Conservation District!*

Equal Employment Opportunity: It is the policy of Freeborn County SWCD 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.

Data Privacy Notice: The information requested on this application is intended to be used by the 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. 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.

Application Instructions/Selection Process:

- Applications are only accepted as positions are available and remain active for one year after submission. Resumes are not accepted in lieu of applications. If a resume is submitted, please do not include personal information (birth date, marital status, etc.)
- Complete the SWCD application clearly, accurately, and in its entirety. If you do not do this, you may not meet the position's screening criteria and/or be removed from further consideration because of an incomplete application.
- Experience section specifics:
 - List your present or most recent experience first. Only include paid experience; do not list unpaid or volunteer experience unless specifically requested.
 - List each promotion separately; even it was in the same organization.
 - If you attach additional information sheet(s), include all the information requested on the application.
 - To receive proper credit for your experience, list the five most important and/or time-consuming responsibilities you performed in each position and the frequency of time spent performing each function. Do not include duties that you performed only on an occasional basis.
- Your completed application must be emailed or U.S. posted to Freeborn County SWCD District Manager by the published closing date. We do not accept applications received after the closing date, even if they are postmarked by that date. Freeborn County SWCD is not responsible for the failure of others, including the U.S. Post Office, to forward applications to us before the deadline.
- If you have special needs which may necessitate accommodations during the application, interview, and/or testing process, please contact District Manager so that reasonable efforts can be made to accommodate your needs.

- Applicants will need to complete a federal background check as per USDA policy.

Section 1: Personal Information

Last Name: _____ First Name: _____ Middle Initial: ____

Please list any other names under which you have been employed or which your educational records may be found: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Number 1: _____ Please check: Home Work Cellular

Contact Number 2: _____ Please check: Home Work Cellular

E-mail Address: _____

Are you at least 18 years of age? Yes No

Are you legally eligible to hold employment in the United States and able to provide documentation of your eligibility post-offer? Yes No

Have you previously applied for any position for Freeborn Co. SWCD? Yes No

If yes, please indicate which position: _____

Have you previously worked for Freeborn Co. SWCD? Yes No

If yes, please indicate the time period worked, position held, and previous supervisor:

Are you able to perform the essential functions of the position you are applying for with or without reasonable accommodation? Yes No

Section 2: Education/Job Qualifications

Name and location of high school: _____

Did you receive a diploma? Yes No or Did you receive a G.E.D.? Yes No

Name & Location of Vocational/Technical/Colleges/Universities Attended (List most recent first)	Degree	Major/Minor

Computer Skills (Please complete this section if it is relevant to the position you are applying for)

Typing Speed _____ words per minute

Indicate your level of experience with computer software/programs using the following scale:

N=No experience

G=General experience (less than 2 years of home or work-related experience)

E=Experienced (more than 2 years and less than 5 years of work-related experience)

P=Professional (5 or more years of work-related experience)

<i>Microsoft Word</i>	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P	<i>Microsoft Excel</i>	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P
<i>Microsoft Access</i>	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P	<i>Microsoft Power Point</i>	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P
<i>Microsoft Outlook</i>	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P	<i>Internet Explorer</i>	<input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P

Please indicate any other computer software/programs in which you are experienced and your level of proficiency using the scale described above.

Licenses/Certifications (Please complete this section if it is relevant to the position you are applying for)

If position requires a valid driver's license:

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

Please list any **current** licenses or certifications relevant to the position for which you are applying.

Section 3: Work Experience

Provide the following information regarding your work history beginning with your most recent employment first. Include only paid employment unless otherwise noted in the job posting. For the purposes of this section, list employment held in the past five years and any employment held outside of the past five years that may be relevant to the job position you are applying for. Do not write "see resume" – you may submit additional sheets in this format if more space is necessary. Refer to the instructions on page 1 of this application for further details regarding proper completion of this section.

Current or Most Recent Employer

Employer Name: _____
 Employer Address: _____
 City, State, Zip: _____
 Phone Number: _____
 Immediate Supervisor's Name: _____
 Position Title held: _____

Employment Dates	
From: (mo/year) _____	_____
To: (mo/year) _____	_____
Total: (years – months) _____	_____
Average hours per week: _____	_____

Major duties or responsibilities	Percentage of Time
1	
2	
3	
4	
5	

Shifts worked? Mark all that apply: 1st 2nd 3rd Weekends Holidays

Reason for leaving: _____

Previous Employer

Employer Name: _____
 Employer Address: _____
 City, State, Zip: _____
 Phone Number: _____
 Immediate Supervisor's Name: _____
 Position Title held: _____

Employment Dates

From: (mo/year) _____
 To: (mo/year) _____
 Total: (years – months) _____
 Average hours per week: _____

Major duties or responsibilities	Percentage of Time
1	
2	
3	
4	
5	

Shifts worked? Mark all that apply: 1st 2nd 3rd Weekends Holidays

Reason for leaving: _____

Previous Employer

Employer Name: _____
 Employer Address: _____
 City, State, Zip: _____
 Phone Number: _____
 Immediate Supervisor's Name: _____
 Position Title held: _____

Employment Dates

From: (mo/year) _____
 To: (mo/year) _____
 Total: (years – months) _____
 Average hours per week: _____

Major duties or responsibilities	Percentage of Time
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2	
3	
4	
5	

Shifts worked? Mark all that apply: 1st 2nd 3rd Weekends Holidays

Reason for leaving: _____

Previous Employer

Employer Name: _____
 Employer Address: _____
 City, State, Zip: _____
 Phone Number: _____
 Immediate Supervisor's Name: _____
 Position Title held: _____

Employment Dates

From: (mo/year) _____
 To: (mo/year) _____
 Total: (years – months) _____
 Average hours per week: _____

Major duties or responsibilities	Percentage of Time
1	
2	
3	
4	
5	

Shifts worked? Mark all that apply: 1st 2nd 3rd Weekends Holidays

Reason for leaving: _____

Additional Employment Information

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 yes, please identify the employer and describe the circumstances: _____

Explanation of Gaps in Employment

Please explain any breaks or periods of non-employment in your employment history:

From:	To:	Reason:
From:	To:	Reason:
From:	To:	Reason:
From:	To:	Reason:

Section 4: References

Persons listed below as references should be 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. **Do not list acquaintances or relatives.** 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/Title		
Address		
Phone Number	Home:	Work:
Email Address		
# of Years Known		

Name/Title		
Address		
Phone Number	Home:	Work:
Email Address		
# of Years Known		

Name/Title		
Address		
Phone Number	Home:	Work:
Email Address		
# of Years Known		

Section 5: Veteran's Status

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 business days.

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:

How did you learn about employment with Freeborn County SWCD?		
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Employee Referral: _____
<input type="checkbox"/> Newspaper	<input type="checkbox"/> College Recruitment	<input type="checkbox"/> External Website: _____
<input type="checkbox"/> Facebook	<input type="checkbox"/> SWCD Website	<input type="checkbox"/> Other Source: _____

Section 6: 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 SWCD.

I **understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the 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 the 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 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 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 _____