

WASHINGTON COUNTY SOIL CONSERVATION DISTRICT

APPLICATION FOR EMPLOYMENT

Washington County Soil Conservation District (WCSCD) is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, age, disability, citizenship status, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification. WCSCD will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

PLEASE PRINT

Date of Application _____ Social Security Number _____ - _____ - _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (____) _____ On what date would you be available to begin work? _____

Position(s) Desired _____ Salary/Wage Expected _____

Are you available to work Full Time Part-Time Temporary
 Overtime

Are you on a layoff and subject to recall at another employer? Yes No

Are you subject to any agreements or obligations with any other employer, business, organization or person that might affect employment here (such as having signed a non-competition agreement, etc)? Yes No. If yes, please explain.

Have you filed an application here before? Yes No If yes, give date(s) _____

Have you ever been employed here before? Yes No If yes, give date(s) _____

Do you have any relatives that are employed here? Yes No If yes, please list them by name and relationship.

Why did you apply for a position at WCSCD? _____

Why do you think you would make a valuable employee of WCSCD? _____

Are you legally eligible for employment in the United States? Yes No

Are you 18 years or older? Yes No

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic violation? (Conviction or plea will not necessarily disqualify applicant from employment.) Yes No

If yes, state the nature of the conviction or plea, the date, and explain _____

Positions involving motor vehicle operation require a valid operator's license and verification of acceptable driving records. Do you have a valid operator's license? Yes No If yes, state/country _____

EDUCATION

Type of School	Name of School	City and State	Number of Years Completed	Graduate?		Course Pursued/ Degrees Granted
				Yes	No	
High School						
College or University						
Business, Trade or Technical School or College						
Correspondence or Special School or College						

List any special job-related skills and qualifications acquired from education, employment, apprenticeship or volunteer work. _____

List specific skills and office equipment, tools, machinery or other equipment you are trained on and can operate that will be helpful in performing the responsibilities of the position(s) for which you are applying _____

PERSONAL REFERENCES

List the name, address and telephone number of three references who are **not** related to you and are **not** previous employers.

1. _____ ()
Name Address Telephone No.
2. _____ ()
Name Address Telephone No.
3. _____ ()
Name Address Telephone No.

EMPLOYMENT RECORD

Starting with your present or most recent job, list all your employment experience. You may include verified work performed on a volunteer basis.

Employer	Employment Dates	Kind of Work Performed:
	From	
Address	To	Reason for Leaving _____
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	Reason for Leaving _____
Immediate Supervisor:	Final:	
Employer	Employment Dates	Kind of Work Performed:
	From	
Address	To	Reason for Leaving _____
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	Reason for Leaving _____
Immediate Supervisor:	Final:	
Employer	Employment Dates	Kind of Work Performed:
	From	
Address	To	Reason for Leaving _____
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	Reason for Leaving _____
Immediate Supervisor:	Final:	
Employer	Employment Dates	Kind of Work Performed:
	From	
Address	To	Reason for Leaving _____
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	Reason for Leaving _____
Immediate Supervisor:	Final:	

If you need additional space, please continue on a separate sheet of paper

May we contact the employers listed above? Yes No If no, indicate which one(s) you do NOT wish us to contact and state the reason why you prefer we do not contact the employer(s). _____

Have you ever been discharged or asked to resign from any position? Yes No If yes, please state the employer and dates of employment . _____

Which of your previous jobs have you liked best? _____ Why? _____

Which of your previous jobs have you liked least? _____ Why? _____

APPLICANT'S STATEMENT

Please indicate that you have read and understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.

Initials

_____ I certify this application was completed by me and all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand false, misleading, or omitted information in my application may result in no employment being offered or an offer being withdrawn and, in the event of employment, in discharge.

_____ I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal history check and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers, or others that are given in response to the inquiry. If WCSCD decides to obtain a consumer credit report, I understand that WCSCD will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.

_____ I hereby release all parties, including but not limited to WCSCD, personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action WCSCD takes on the basis of such information.

_____ I understand according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand this application is not, and is not intended to be, a contract of employment and any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by WCSCD. I further understand statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment or for a benefit and WCSCD has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand no representative of WCSCD, other than the District Board of Supervisors or their designee, has the authority to enter into any agreement for any specific period of time, or to make any agreement contrary to the foregoing and any such agreement must be in writing to be binding.

_____ I agree upon employment, I will sign an agreement relating to confidential information, if required.

_____ If I am employed by WCSCD and receive badges, personal protective equipment, tools, or other property and upon my failure to return the same, I hereby authorize WCSCD to deduct the reasonable value of such property from my wages in payment thereof or be held liable for payment.

_____ Date: _____
Signature of Applicant