

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

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

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Which of your previous jobs have you liked best? \_\_\_\_\_ Why? \_\_\_\_\_

Which of your previous jobs have you liked least? \_\_\_\_\_ Why? \_\_\_\_\_

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### 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