Stearns Conservation District Application for Employment

I. Equal Employment Opportunity

It is the policy of the Stearns Conservation District (SCD) 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.

II. Data Privacy Notice

The information requested on this application is intended to be used by the SCD 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 SCD being unable or unwilling to offer you employment. With respect to any special accommodations necessary for completing your application or the interview process, the SCD 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 SCD 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

me (Last, First, Midd	le):			
me Phone:		Alt. Phone:		
dress:				
y:	State:		Zip	
y:	State:		Zip	

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

Have you previously worked for the SCD? Yes_____ No_____ If yes, position held:

If yes, what name may your previous employment records be found?

Do you have any special needs which 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. Work/Volunteer Experience List *all* work and volunteer experience, most recent to be listed first.

Employer Name:
Employer Address:
Job Title:
Job Duties:
Dates of Employment/Experience:
Reason for Leaving:
Employer Name:
Employer Address:
Job Title:
Job Duties:
Dates of Employment/Experience:
Reason for Leaving:
Employer Name:
Employer Address:
Job Title:
Job Duties:
Dates of Employment/Experience:
Reason for Leaving:
Employer Name:
Employer Address:
Job Title:
Job Duties:
Dates of Employment/Experience:
Reason for Leaving:
(Attach additional sheets if necessary)

VI. Licensure

List current licenses, registrations, or certificates relevant to the position for which you are applying.

License/No.	Issued by	Date	<u>Expiration</u>

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

VII. Education

Include high school and/or institution issuing GED and any additional education/courses taken. <u>Do not</u> <u>list dates of attendance for high school.</u> List most recent first.

Name of School:
Address of School:
Degree/Diploma Received:
Major/Minor:
Dates of Attendance:
Name of School:
Address of School:
Degree/Diploma Received:
Major/Minor:
Dates of Attendance:
Name of School:
Address of School:
Degree/Diploma Received:
Major/Minor:
Dates of Attendance:
Name of School:
Degree/Diploma Received:
Major/Minor:
Dates of Attendance:

List/describe any other training and/or experience relevant to the position for which you are applying:

VIII. References

These should be people able to discuss your qualifications for the position you seek. Included especially mangers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The SCD 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:	

IX. Veteran Status

Are you an honorably discharged veteran of the armed forces of	of the United States of	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 disabled veteran and wish to claim additional points,	, please check here: _	

Proof of applicable military status/eligibility, such as DD214 form, will be required in order to claim credits, please attach DD214 form or forward it within 5 business days.

X. Prior Employment

Have you ever been discharged or forced to resign from prior employment? Yes No

If so, identify the employer and describe the circumstances:

XI. Personal Statement

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

XII. 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?

XIII. Certification, Acknowledgement 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 SCD.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the SCD Board of Supervisors or the appointing authority referenced in the job description and that until such approval that the SCD 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 SCD 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 SCD 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 SCD and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said SCD, 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)

* Notice to Applicant: If you do not agree with any portion of the acknowledgement, certification, authorization and release, cross out that section and initial it.