

**FILLMORE COUNTY SOIL AND WATER CONSERVATION DISTRICT  
APPLICATION FOR CLASSIFIED PERSONNEL POSITIONS**

**I. EQUAL EMPLOYMENT OPPORTUNITY**

It is the policy of Fillmore 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.

**II. 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. With respect to any special accommodations necessary for completing your application or the interview process, the 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 SWCD 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**

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Street

Other Phone \_\_\_\_\_

City

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 Fillmore County or the SWCD? Yes \_\_\_ No \_\_\_

If yes, position held/department: \_\_\_\_\_

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

Do you have any special needs which may necessitate accommodations in the application or 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: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
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.

<u>License/No.</u>	<u>Issued By</u>	<u>Date</u>	<u>Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*All applicable licenses or certifications must be received in the SWCD 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. **Do not list dates of attendance for high school.** List most recent first. Include extracurricular activities.

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_  
Extracurricular Activities: \_\_\_\_\_  
\_\_\_\_\_

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_  
Extracurricular Activities: \_\_\_\_\_  
\_\_\_\_\_

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_  
Extracurricular Activities: \_\_\_\_\_  
\_\_\_\_\_

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

## VIII. REFERENCES

These should be people 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. Indicate any who are related to you. The SWCD 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 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. \_\_\_

**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? \_\_\_\_\_

**XIV. 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 of Supervisors, and that, until such approval, 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 former employers, organizations where I have volunteered, and references named in this application, or any agent of such 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/qualification 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, from any and all liability of whatever nature by reason of requesting or providing such information.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**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.