



NICOLLET SOIL AND WATER CONSERVATION DISTRICT

424 South Minnesota Ave.
ST. PETER, MN 56082
TELEPHONE (507) 931-2550
FAX (507) 931-3792

APPLICATION FOR EMPLOYMENT

It is important that you answer all questions on this application fully and truthfully, as failure to do so may delay consideration for employment or result in loss of employment opportunities. If an item does not apply to you, write NA (not applicable). TYPE OR PRINT IN INK/TONER.

**IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT THE DISTRICT MANAGER
YOU MUST SHOW ORIGINAL SOCIAL SECURITY CARD PRIOR TO EMPLOYMENT
Equal Opportunity / Affirmative Action Employer**

Nicollet Soil and Water Conservation District complies with local, state, and federal equal employment opportunity guidelines which prohibit discrimination based on race, religion, gender, color, national origin, handicap / disability, age sexual orientation, creed and marital status.

PERSONAL

| | | | |
|---------------------------------------|--------|---|---------------------|
| | | | Social Security No. |
| Last Name: | First: | Middle: | Home Phone: |
| Street Address: | | | Work Phone: |
| City, State, Zip Code: | | | Message Phone: |
| In case of emergency notify: Name: | | Phone: | |
| Address: | | City, State, Zip Code: | |
| Have you ever worked for us before? | | If yes, title(s) and date(s) of employment: | |
| List any relatives working for us: | | | |

| | |
|--|---------------------|
| Position Applying For: | |
| Salary Expected: | Date you can begin: |
| Days and hours available for work: | |
| How did you learn about this position? (please specify) | |
| Have you ever been convicted of any offense(s) other than minor traffic violations? ____yes ____no If yes, explain: | |

Nicollet Soil and Water Conservation District is an Equal Opportunity Employer

*Complete this section only if a license is **REQUIRED** for this position (as advertised).*

State: _____ Type: _____ Expiration Date: _____

List all traffic violations in the past three years:

Ever had a driver's license revoked? yes no If yes, explain:

May we contact you at work? yes no If yes, when is the best time to contact you at work?

May we contact your present employer? yes no Comments:

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: Grade School 1,2,3,4,5,6,7,8 High School 9,10,11,12 College 1,2,3,4 Graduate 1,2,3,4
 If you received a GED, indicate date and issuing authority: _____

| School | Name and Location | Date Attended | | Major Subject | Degree |
|-----------------------|-------------------|---------------|-----|---------------|--------|
| High School | | N/A | N/A | N/A | |
| Undergraduate College | | | | | |
| Graduate College | | | | | |
| Vocational Business | | | | | |
| Other | | | | | |

Certifications:

Describe any specialized training, apprenticeship, skills and extra-curricular activities you have undertaken:

MILITARY

Have you ever served in the armed forces? yrs no If yes, what branch? _____

Tours of duty _____ To _____ Rank at discharge: _____
mo./day/year mo./day/year

VETERAN'S PREFERENCE (Complete this section *only* if you are claiming Veteran's Preference). Have you entered into covered employment by a covered employer after having claimed preference since October 1, 1987? yes no

If yes, give name of employer: _____

If you claim Veteran's Preference, check the type below. Attach copies of the required documents to your application to support your claim. (Documents will not be returned).

| | |
|----|---|
| 1. | Veteran of a WARTIME ERA – Requires (A) DD214 or other document showing dates of service and type of discharge. |
| 2. | Disabled Veteran – Requires (A) and (B) letter of service connected disability from the V.A. |

| | | |
|----|--|---|
| 3. | | Veteran's Widow – Requires (A) and marriage and death certificates, and statement saying not remarried. |
| 4. | | Disabled Veterans' Spouse – Requires (A) and (B), evidence of marriage to the veteran, a statement that the spouse is still married at the time of application, and proof that the disabled veteran can qualify for employment because of disability. |
| 5. | | Permanently Disabled Veteran – Requires (A) indicating veteran is permanently disabled, or (A) and letter from V.A. indicating that the veteran is permanently disabled. |

Veterans' Preference documentation must be submitted at the time of initial application. If any preference-eligible applicant claiming Veterans' Preference for a vacant position is not selected for the position, they have the right to an investigation by the Division of Veterans' Affairs if a non-preference eligible applicant is appointed to a position. In order to commence the investigation, the applicant must file a written complaint addressed to the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL. 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, it is the responsibility of the veteran to contact the employer within two months of the application to determine if the position has been filled. For further information, contact the Department of Veterans' Affairs.

EMPLOYMENT

THIS SECTION MUST BE COMPLETED **REGARDLESS** OF WHETHER OR NOT A RESUME IS ATTACHED.

Beginning with your **PRESENT** or most recent employment, list in **REVERSE ORDER ALL** periods of employment. Each time you changed jobs or your title changed that should be listed as a separate period. Be sure to describe your military experience, if any. Describe in detail your specific duties beginning with your primary duties. (Attach additional sheets if necessary).

| | | | | | | | | | | | |
|---------------------------------|----------------------|------|-------|------|---------------------------|--|------------------|----|---------------|----|-----|
| 1 | Employer: | | | | Address: | | | | | | |
| | Your Official Title: | | | | Supervisors Name & Title: | | | | Phone Number: | | |
| | From | | To | | Total Months | If part-time, Number of Hour worked per week | Beginning Salary | | Ending Salary | | |
| | Month | Year | Month | Year | | | | \$ | per | \$ | per |
| Reason for leaving: | | | | | | | | | | | |
| Describe your duties in detail: | | | | | | | | | | | |
| 2 | Employer: | | | | Address: | | | | | | |
| | Your Official Title: | | | | Supervisors Name & Title: | | | | Phone Number: | | |
| | From | | To | | Total Months | If part-time, Number of Hour worked per week | Beginning Salary | | Ending Salary | | |
| | Month | Year | Month | Year | | | | \$ | per | \$ | per |
| Reason for leaving: | | | | | | | | | | | |
| Describe your duties in detail: | | | | | | | | | | | |

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| 3 | Employer: | Address: |
|----------|-----------|----------|

| | | |
|----------------------|---------------------------|---------------|
| Your Official Title: | Supervisors Name & Title: | Phone Number: |
|----------------------|---------------------------|---------------|

| From Month | Year | To Month | Year | Total Months | If part-time, Number of Hour worked per week | Beginning Salary | | Ending Salary | |
|---------------|------|-------------|------|-----------------|---|------------------|-----|---------------|-----|
| | | | | | | \$ | per | \$ | per |

Reason for leaving:

Describe your duties in detail:

| | | |
|----------|-----------|----------|
| 4 | Employer: | Address: |
|----------|-----------|----------|

| | | |
|----------------------|---------------------------|---------------|
| Your Official Title: | Supervisors Name & Title: | Phone Number: |
|----------------------|---------------------------|---------------|

| From Month | Year | To Month | Year | Total Months | If part-time, Number of Hour worked per week | Beginning Salary | | Ending Salary | |
|---------------|------|-------------|------|-----------------|---|------------------|-----|---------------|-----|
| | | | | | | \$ | per | \$ | per |

Reason for leaving:

Describe your duties in detail:

| | | |
|----------|-----------|----------|
| 5 | Employer: | Address: |
|----------|-----------|----------|

| | | |
|----------------------|---------------------------|---------------|
| Your Official Title: | Supervisors Name & Title: | Phone Number: |
|----------------------|---------------------------|---------------|

| From Month | Year | To Month | Year | Total Months | If part-time, Number of Hour worked per week | Beginning Salary | | Ending Salary | |
|---------------|------|-------------|------|-----------------|---|------------------|-----|---------------|-----|
| | | | | | | \$ | per | \$ | per |

Reason for leaving:

Describe your duties in detail:

Why do you feel you are qualified for this position?

APPLICANT'S CERTIFICATION AND AGREEMENT

AGREEMENTS:

PROBATION PERIOD – It's understood that I shall be considered a probationary employee for no less than six months or longer if necessary. I may be discharged or laid off before the expiration of that period without recourse, in accordance with the Nicollet Soil and Water Conservation District Policies and Procedures.

STATEMENT BY APPLICATION – I hereby authorize my former employers to furnish their records of any service, my reason for leaving their employment, together with all employment-related information they may have concerning me. I also authorize educational institutions to furnish their records of education-related information they may have concerning me. It is agreed that any misrepresentations by me in this application will be sufficient cause for its cancellation or for dismissal from the Soil and Water Conservation District's service if I am employed.

YES

NO

I hereby certify the facts set forth in the above employment application are true and complete to the best of my knowledge.

Signature of Applicant:

Date:

Thank you for completing this application form and for your interest in employment with the Nicollet Soil and Water Conservation District.