

**Isanti Soil and Water
Conservation District**
110 Buchanan Street North
Cambridge, MN 55008
ph: 763-689-3271

**APPLICATION FOR
EMPLOYMENT**
An Equal Employment Opportunity
Employer

Title of the position for which you are applying: Conservation Technician
Date of Application: / /
Date Available to Begin Employment: / /

Print or type with **BLACK** ink.

<p>DATA PRIVACY NOTICE: The information requested on this application is intended to be used by the Isanti SWCD in determining suitability for employment for the position that 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 Isanti SWCD being unable or unwilling to offer employment to you. The information on this application, which is classified as private data under the Minnesota Government Data Practices Act, will not be released outside the Isanti SWCD without your consent except as necessary for tax purposes or as otherwise required by state or federal law.</p>																																										
<p>COMPLETE INFORMATION: You may complete portions of this application by marking it "see resume". You should, however, supply all of the information requested either on this form or in your resume.</p>																																										
<p>PERSONAL STATEMENT: Please indicate why you are interested in the position and what you hope to accomplish if selected.</p>																																										
<p>REASONABLE ACCOMMODATIONS: If you have a disability that would prevent you from testing for a position under standard conditions, please notify the Isanti SWCD office so that every reasonable effort can be made to accommodate you.</p>																																										
Last Name		First Name		Middle Name	Former Name(s)	Are you age 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>																																				
Street Address				Apt. No.		May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>																																				
City		State		Zip Code	Home Phone	Work Phone																																				
Are you a United States Citizen OR if not, do you have permission to work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>																																										
Drivers License No.		State Issued		Class	Expiration																																					
List current licenses, registrations, or certificates relevant to the position for which you are applying: Issued By: _____ Number: _____ Expiration Date: _____																																										
<p>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 <input type="checkbox"/> No <input type="checkbox"/> Do you wish to claim veteran's preference points? Yes <input type="checkbox"/> No <input type="checkbox"/> If you are a disabled veteran and wish to claim additional points, please check here. <input type="checkbox"/> If you wish to claim veteran's and/or disabled preference points please submit form DD Form 214 (military service record).</p>																																										
<p>EDUCATION/TRAINING: Did you graduate from High School or receive a G.E.D.? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of High School Attended: _____ Location: _____</p> <table border="1"> <thead> <tr> <th rowspan="2">Name and Location of College, University or other Post-secondary Institution.</th> <th colspan="2">Dates Attended</th> <th colspan="2"># Credits Earned</th> <th rowspan="2">Cert. Or Degree</th> <th rowspan="2">Major</th> <th rowspan="2">Minor</th> </tr> <tr> <th>Mo/Yr From</th> <th>Mo/Yr To</th> <th>Qtr.</th> <th>Sem</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>							Name and Location of College, University or other Post-secondary Institution.	Dates Attended		# Credits Earned		Cert. Or Degree	Major	Minor	Mo/Yr From	Mo/Yr To	Qtr.	Sem																								
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	Mo/Yr From	Mo/Yr To	Qtr.	Sem																																						
<p>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? _____</p>																																										
<p>PRIOR EMPLOYMENT: Have you ever been discharged or forced to resign from prior employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, identify the employer and describe the circumstances:</p>																																										

WORK EXPERIENCE: Experience and training ratings are determined by the information you provide. Be sure to account for ALL of your work experience. For additional work experience, use blank sheets and attach to this form or include on your resume.

Present or last employer		Address		City	State	Zip
Job Title		Supervisor		Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
From Mo Yr	To Mo Yr	Total Time Yrs Mos	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	Hrs/Wk		Starting Salary Last Salary
Reason for Leaving						
Specific Duties						

Second last employer		Address		City	State	Zip
Job Title		Supervisor		Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
From Mo Yr	To Mo Yr	Total Time Yrs Mos	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	Hrs/Wk		Starting Salary Last Salary
Reason for Leaving						
Specific Duties						

Third last employer		Address		City	State	Zip
Job Title		Supervisor		Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
From Mo Yr	To Mo Yr	Total Time Yrs Mos	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time	Hrs/Wk		Starting Salary Last Salary
Reason for Leaving						
Specific Duties						

EQUAL EMPLOYMENT OPPORTUNITY: It is the policy of the Isanti 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.

ADDITIONAL INFORMATION: List any additional information you feel may be important to us to know in evaluating your application e.g., professional society memberships, relevant community activities or volunteer work, skills or specific accomplishments. Please be specific and include period of time involved, if applicable. Attach additional sheets, if necessary or include in resume.

CERTIFICATION, ACKNOWLEDGMENT, AUTHORIZATION AND RELEASE

I certify that the information given in this application form and attachments are true and complete to the best of my knowledge. I authorize Isanti SWCD to investigate all statements made in this application, as necessary, to consider this application. I understand that giving false or misleading information in my application or interview(s) will disqualify me from consideration. I understand that if Isanti SWCD hires me I am subject to discharge if I provide false information or omit material information in connection with this application, regardless of when it is discovered.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Isanti SWCD Board of Supervisors, and that until such approval, the Isanti 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 thereof, to release to the Isanti SWCD and its agents any and all information regarding my job performance and fitness/qualification 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 Isanti SWCD 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 Isanti SWCD and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf thereof for any and all liability of whatever nature by reason of requesting or providing such information.

Name _____
(Printed)
Signature _____ Date _____

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

