



# Application for Employment

**Instructions for Completion:** In order for your application to be considered, you will need to complete each section as completely as possible, and remember to sign and date the application. Please do not write "see attached resume", as we will not accept your application as blank with a resume. This document is a legal instrument, and as such, needs to be filled out accurately and completely.

**EQUAL EMPLOYMENT OPPORTUNITY:** It is the policy of Becker Soil and Water Conservation District (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.

**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 the Personal History section. 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.

## POSITION DESIRED

|  |   |
|--|---|
| Position You Are Applying For:                   |   |
| Type of Employment Desired:                      | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Seasonal |
| Date You Would Be Available to Begin Employment: |   |

## PERSONAL DATA

|   |                 |                  |  |
|---|-----------------|------------------|--|
| First   | MI              | Last             | Today's Date   |
| Street Address  |                 | City, State, Zip |  |
| Home Phone  | Alternate Phone | Email Address    |  |
| Are you a U.S. citizen or legally eligible to hold employment in the United States?                     |                 |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any special needs which may necessitate accommodation in the application/interview process? |                 |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please describe the type of accommodations requested below:                                     |                 |                  |  |
| If you are under 18, can you furnish a work permit if it is required?                                   |                 |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List all names you have gone by or under which your employment or educational records may be found:     |                 |                  |  |

**WORK/VOLUNTEER EXPERIENCE** List all work experience, whether or not relevant to this position, and all relevant volunteer experience, starting with the most recent. Attach additional sheets if necessary.

|   |           |   |
|---|-----------|---|
| 1) Company Name                               |           | Job Title   |
| Address                                       |           | Name & Title of Supervisor                                |
| City, State, Zip                              | Telephone | Dates of Employment (mm/dd/yyyy)<br>From: _____ To: _____ |
| Describe your duties & responsibilities below |           | Reason for leaving  |

|   |           |   |
|---|-----------|---|
| 2) Company Name                               |           | Job Title   |
| Address                                       |           | Name & Title of Supervisor                                |
| City, State, Zip                              | Telephone | Dates of Employment (mm/dd/yyyy)<br>From: _____ To: _____ |
| Describe your duties & responsibilities below |           | Reason for leaving  |

|   |           |   |
|---|-----------|---|
| 3) Company Name                               |           | Job Title   |
| Address                                       |           | Name & Title of Supervisor                                |
| City, State, Zip                              | Telephone | Dates of Employment (mm/dd/yyyy)<br>From: _____ To: _____ |
| Describe your duties & responsibilities below |           | Reason for leaving  |

|   |           |   |
|---|-----------|---|
| 4) Company Name                               |           | Job Title   |
| Address                                       |           | Name & Title of Supervisor                                |
| City, State, Zip                              | Telephone | Dates of Employment (mm/dd/yyyy)<br>From: _____ To: _____ |
| Describe your duties & responsibilities below |           | Reason for leaving  |

**LICENSURE** List all current licenses/registrations/certificates relevant to the position you are applying for.

| Type                               | License # | Issued By | Date Issued | Exp. Date |
|------------------------------------|-----------|-----------|-------------|-----------|
| <b>Driver's License / Required</b> |           |           |             |           |
|                                    |           |           |             |           |
|                                    |           |           |             |           |
|                                    |           |           |             |           |

**COMPUTER SKILLS** Indicate level of experience and/or knowledge (if relevant to the position applying for)

N=None

G=General (1-2 Years Home or Work Related Experience)

E=Experienced (2-5 Years Work Related Experience)

P=Professional (5+ Years Work Related Experience)

|                    |   |                      |   |
|--------------------|---|----------------------|---|
| Microsoft Word     | <input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P | Microsoft Outlook    | <input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P |
| Microsoft Access   | <input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P | Microsoft PowerPoint | <input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P |
| Microsoft Excel    | <input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P | QuickBooks           | <input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P |
| Adobe Acrobat Pro  | <input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P | ArcGIS Desktop       | <input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P |
| Other: Please List |   |                      | <input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P |
|                    |   |                      | <input type="checkbox"/> N <input type="checkbox"/> G <input type="checkbox"/> E <input type="checkbox"/> P |

**OTHER SKILLS & TRAINING** Please be specific.

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**EDUCATIONAL HISTORY** Include high school and/or institution issuing GED and any additional education/courses taken. List the most recent first.

| School              | School Name | City/State | Major/Minor | Dates (mm/yyyy) of Attendance                   | Did you Graduate?  | Type of Degree / Diploma   |
|---------------------|-------------|------------|-------------|---|--|--|
| High School         |             |            |             | Do not list dates of attendance for high school | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> In Progress | <input type="checkbox"/> Diploma<br><input type="checkbox"/> GED |
| College/ University |             |            |             |   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> In Progress |  |
| Business/ Tech.     |             |            |             |   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> In Progress |  |
| Graduate/ Other     |             |            |             |   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> In Progress |  |

**REFERENCES** These should be individuals 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 the references listed below.

|          |  |                |  |
|----------|--|----------------|--|
| Name:    |  | Title/Company: |  |
| Address: |  | Phone #:       |  |

|          |  |                |  |
|----------|--|----------------|--|
| Name:    |  | Title/Company: |  |
| Address: |  | Phone #:       |  |

|          |  |                |  |
|----------|--|----------------|--|
| Name:    |  | Title/Company: |  |
| Address: |  | Phone #:       |  |

**CRIMINAL BACKGROUND INFORMATION**

The SWCD will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions, criminal background information will be requested during the application stage, i.e. Correctional Officers. Further, the SWCD may conduct a criminal background check on individuals upon making a contingent job offer.

**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?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you wish to claim Veteran's Preference Points?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you are a disabled veteran and wish to claim additional points, please check here.   | <input type="checkbox"/>                                 |
| Becker SWCD awards preference points to qualified veterans. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. Applicants must supply with their application or within five (5) business days, a copy of their <b>DD214</b> , which must show years of service and type of discharge. Disabled veterans must also supply with their application or within five (5) business days, form <b>FL21-802</b> , or an equivalent letter from a service retirement board. |  |

**PRIOR EMPLOYMENT**

|   |  |
|---|--|
| Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, identify the employer and describe the circumstances below:  |  |

**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? |  |
|---|--|

**CERTIFICATION, ACKNOWLEDGMENT & 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 or the appointing authority referenced in the job description and that until such approval that 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 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 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/qualifications 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, for any and all liability of whatever nature by reason of requesting or providing such information.

\_\_\_\_\_  
Signature of Applicant (Do Not Print)

\_\_\_\_\_  
Date

**RETURN THIS APPLICATION TO:**

Becker Soil and Water Conservation District  
Attn: Peter Mead  
809 8<sup>th</sup> St. S.E.  
Detroit Lakes, MN 56501  
P: (218) 846-7360

pemead@co.becker.mn.us