

It is the Chisago Soil and Water Conservation Districts (SWCD) policy to provide equal opportunity in all areas of employment practices and to assure that there shall be no discrimination against any employee or applicant.

TODAY'S DATE: _____ DATE AVAILABLE FOR WORK: _____

NAME (PRINT): _____
LAST FIRST MI

ADDRESS: _____
STREET CITY STATE ZIP

HOME TELEPHONE NO.: () _____ BUSINESS TELEPHONE NO.: () _____

CELL PHONE NO.: () _____

Have you applied for a position with the Chisago SWCD before? Yes No If yes, when? _____

(Proof of citizenship or immigration status will be required upon employment).

If you are selected for an interview or become a finalist for this job, the appointing authority may conduct a criminal background check on you. It will assess the seriousness and relationship of any crimes committed to your ability, capacity and fitness to perform the duties of this job. Please be advised that if you have been convicted of a crime which relates to this job, you likely will be eliminated from further consideration. Please check "yes" if you have read and understand this statement.

Yes

Do you have a valid driver license (if required for position applying for) Yes No If yes, class: _____

Drivers license No. (If required by job) _____ State _____

TENNESSEN WARNING

This application is to assist in the process of referring you to the SWCD for possible employment. Certain information requested on this application is private; that is, it may be released only to you or to the Chisago SWCD. Names of applicants would become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

REFERENCES

References should be people who know you well, preferably from work experience. Do not list relatives.

1. Name: _____ Phone No. _____ Relationship to you: _____

2. Name: _____ Phone No. _____ Relationship to you: _____

3. Name: _____ Phone No. _____ Relationship to you: _____

EMPLOYMENT HISTORY

List current employment first. Include any military time. If more space is needed, attach separate sheet of paper.

Employer: _____	Dates of Employment: From _____ To _____
Address: _____	Telephone No. _____
Your Position Title: _____	Describe Your Work Duties: _____
Reason for Leaving: _____	Your Supervisors Name: _____

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Reason for Leaving: _____	Your Supervisors Name: _____

Describe any additional experience or training that qualifies you for this position: _____

Please use this space to explain any gaps in employment dates: _____

Unless stated herein, I authorize the Chisago SWCD to conduct reference checks into any job-related information contained in this application, including, but not limited to, present and former employers, and my records maintained by an educational institution relating to academic performance such as transcripts.

Yes Yes, but not present employer until job is offered No Employer: _____

