

CONSERVATION DISTRICT EMPLOYMENT APPLICATION (Page 1) rev Aug 2016

NAME (last, first, middle)		Social Security Number ____-____-_____
ADDRESS (street, city, state, Zip Code)		
HOME PHONE	E-MAIL	CELL PHONE
DATE OF APPLICATION	POSITION DESIRED	SALARY DESIRED
Have you been previously employed by the District? YES ___ NO ___ IF YES, GIVE DATES	List any relatives currently officially associated with the District:	Position you are willing to accept: FULL-TIME PART-TIME ___ TEMPORARY SUMMER ___
U.S. CITIZEN YES ___ NO ___	Type of Visa (if not a U. S. citizen)	Do you have a valid driver's license? YES ___ NO ___

Do you have reliable transportation to successfully perform the position that you are applying for? YES ___ NO ___

EDUCATION - TRAINING (include high school, GED, trade and vocational schools, undergraduate and graduate degrees)

Name/Type of School	Address	Dates Attended or Degree Received	Degree and Major/Minor or credits completed

List current licenses and certificates (including issuing site and expiration date)

List any professional society memberships

Have you been convicted of a felony within the last seven (7) years? (record of conviction will not necessarily disqualify applicant from employment) Yes ___ NO ___

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PREVIOUS WORK EXPERIENCE (list most recent experience first and include U. S. Military Service)

A. Name of Employer		Job Title	Supervisor's Phone Number
Address (street, city, state, Zip Code)		Supervisors Name and Title	
Describe Work Performed			
Date Started	Date Ended	Beginning & Ending Wage Rate	Reason for Leaving
B. Name of Employer		Job Title	Supervisor's Phone Number
Address (street, city, state, Zip Code)		Supervisors Name and Title	
Describe Work Performed			
Date Started	Date Ended	Wage Rate	Reason for Leaving
C. Name of Employer		Job Title	Supervisor's Phone Number
Address (street, city, state, Zip Code)		Supervisors Name and Title	
Describe Work Performed			
Date Started	Date Ended	Wage Rate	Reason for Leaving

LIST THREE (3) PEOPLE FOR REFERENCES WHO ARE NOT RELATED TO YOU AND WHO ARE NOT LISTED AS SUPERVISORS UNDER THE ABOVE WORK EXPERIENCE SECTIONS

FULL NAME AND TITLE	PHONE	ADDRESS (street, city, state, Zip Code)

I certify that the above information is correct and complete to the best of my knowledge and belief. I make this statement with the knowledge that any false or misleading statement or omission of material fact MAY BE SUFFICIENT CAUSE FOR DISMISSAL. I authorize the district to verify any of the information I have submitted in this application.

Signature _____ Date _____