



# Swift County Soil and Water Conservation District Application for Employment

### I. Equal Employment Opportunity

It is the policy of the Swift County SWCD (SWCD) to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, disability, sexual orientation, age, or other protected classes.

### II. 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 you employment. 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 Section IV. 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.

### III. Position Desired

Title of position for which you are applying: \_\_\_\_\_  
Date available to begin employment: \_\_\_\_\_

### IV. Personal Info

Name (First, Middle, Last): \_\_\_\_\_  
Main Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Do you have any special needs which may necessitate accommodations in the application/interview process? Yes                      No

If yes, please describe the type of accommodation requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all other names under which you have been employed or under which your employment or educational records may be found:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List/describe any knowledge, skills, or abilities relevant to the position for which you are applying:

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**V. Work/Volunteer Experience**

Check here--> if this information is on your resume.

List *all* work and volunteer experience, most recent to be listed first.

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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Dates of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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Dates of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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Dates of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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Dates of Employment/Experience: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

(Attach additional sheets if necessary.)

**VI. Licensure**

List current licenses (including driver's license), registrations, or certificates relevant to the position for which you are applying.

<u>License/No.</u>	<u>Issued by</u>	<u>Date</u>	<u>Expiration</u>

*All applicable licenses or certifications must be received in the SWCD office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.*

**VII. Education**

Include high school and/or institution issuing GED and any additional education/courses taken.

List most recent first.

Check here--> if this information is on your resume.

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_

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Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_

Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Degree/Diploma Received: \_\_\_\_\_  
Major/Minor: \_\_\_\_\_

**VIII. Criminal Background**

Criminal background checks will be completed for all finalists.

**IX. References**

These should be people in a position to discuss your qualifications for the position you seek. Please include managers, directors, or heads of departments under whom you have worked. The SWCD reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

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Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

**X. 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 \_\_\_\_\_ No \_\_\_\_\_  
Do you wish to claim Veteran’s Preference Points? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you are disabled veteran and wish to claim additional points, please check here: \_\_\_\_\_

Proof of applicable military status/eligibility, such as DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within 5 business days.

**XI. Prior Employment**

Have you ever been discharged or forced to resign from prior employment?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, identify the employer and describe the circumstances: \_\_\_\_\_  
\_\_\_\_\_

**XII. Personal Statement**

**State any additional information that may be helpful to us in considering your application:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XIII. 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? \_\_\_\_\_

**XIV. Certification, Acknowledgment and 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 of Supervisors 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 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 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.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Do Not Print)

\* Notice to Applicant: If you do not agree with any portion of the acknowledgement, certification, authorization and release, cross out that section and initial it.

RETURN THIS APPLICATION TO:  
Swift County Soil and Water Conservation District  
Attn: Andy Albertsen  
205 14th Street North  
Benson, MN 56215  
Office: 320-289-6033  
andy@swiftswcd.org