

Sheridan County Conservation District

Employment Application

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

APPLICANT INFORMATION											
Last Name			First			M.I.		Date			
Street Address						Apartment/Unit #					
City				State		ZIP					
Phone				E-mail Address							
Date Available			Social Security No.			Desired Salary					
Position Applied for						Date of Birth					
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been employed by this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain				
Type of Drivers License			State Issued			License Number					
EDUCATION											
High School			Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
College			Email/Phone								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
Other			Email/Phone								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
REFERENCES											
<i>Please list three references that you are not related to and have known for at least one year.</i>											
Full Name					Title						
Company					Phone		()				
Address					Email						
Full Name					Title						
Company					Phone		()				
Address					Email						
Full Name					Title						
Company					Phone		()				
Address					Email						

PREVIOUS EMPLOYMENT (LIST MOST RECENT EMPLOYMENT FIRST AND IN CHRONOLOGICAL ORDER)

Company				Phone	()	
Address				Supervisor		
Job Title				Starting Salary	\$	Ending Salary \$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company				Phone	()	
Address				Supervisor		
Job Title				Starting Salary	\$	Ending Salary \$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company				Phone	()	
Address				Supervisor		
Job Title				Starting Salary	\$	Ending Salary \$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MILITARY SERVICE

Branch				From		To	
Rank at Discharge				Type of Discharge			
If other than honorable, explain							

For the following questions, please use an additional sheet of paper only if more room is needed. For the purposes of the following questions the term "Employment" includes work as an "Independent Contractor".

ARE YOU FAMILIAR WITH THE OPERATION AND MISSION OF CONSERVATION DISTRICTS (CD)?

HAVE YOU EVER WORKED AS AN EMPLOYEE OR INDEPENDENT CONTRACTOR FOR A CD? YES NO IF SO, LIST CD AND DESCRIBE WORK PERFORMED.

DESCRIBE A SPECIFIC NATURAL RESOURCE PROJECT(S) HERE AND DESCRIBE WHY IT WAS SUCCESSFUL. ALSO LIST ADDITIONAL NATURAL RESOURCE EXPERIENCE HERE.

DESCRIBE YOUR EXPERIENCE IN CONSTRUCTION PROJECTS, PAINTING/STAINING, CONCRETE WORK, POWER/HAND TOOLS, WOOD WORK, ROCK WORK, OR WATER-BASED PROJECTS.

DESCRIBE YOUR EXPERIENCE IN COORDINATING WORKSHOPS OR SEMINARS.

DESCRIBE YOUR EXPERIENCE IN SOURCING AND WRITING GRANTS.

DESCRIBE ANY GREENHOUSE, LANDSCAPING, AND GARDENING EXPERIENCE AND MANAGEMENT.

LIST ANY AGRICULTURE EXPERIENCE

LIST ANY TEACHING EXPERIENCE

LIST COMPUTER, ELECTRONIC, OR MECHANICAL EQUIPMENT THAT YOU ARE QUALIFIED TO OPERATE

LIST ANY SKILLS OR HOBBIES THAT MAY BE RELEVANT FOR THIS POSITION

LIST ANY CIVIC, VOLUNTEER, OR PROFESSIONAL AFFILIATIONS THAT ARE RELEVANT TO THIS POSITION

IN YOUR PREVIOUS EMPLOYMENT EXPERIENCES DESCRIBE YOUR ABILITIES AND LIMITATIONS IN WORKING WITH SUPERVISORY PERSONNEL, CO-WORKERS, OR CONTRACT AGENTS.

ON A SCALE OF 1 TO 10 WITH 10 BEING THE HIGHEST AND 1 BEING THE LOWEST:
CIRCLE YOUR ABILITY TO WORK INDEPENDENTLY: 1 2 3 4 5 6 7 8 9 10
CIRCLE YOUR ABILITY TO WORK AS PART OF A TEAM: 1 2 3 4 5 6 7 8 9 10

CHECK DAYS AND LIST HOURS YOU ARE AVAILABLE TO WORK
 I would prefer to work: Full Time ¾ Time Part Time Flex Time
 Su _____ Mo _____ Tu _____ We _____ Th _____ Fr _____ Sa _____
 Please describe days/hours that you are not available to work:

DISCLAIMER AND SIGNATURE
 Information to the Applicant: As part of our procedure for processing your employment application, your schooling, personal, and professional references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. If you are currently employed and do not want the District to contact your current employer, you must inform the District of this request. Applications will be kept for a period of one year and may be open to the public for view.
 I understand and agree to a background check and drug testing if hired.
 I certify that my answers are true and complete to the best of my knowledge.

Signature	Date
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Room for additional information, if needed.