

Auglaize Soil and Water Conservation District
APPLICATION FOR EMPLOYMENT
(To be completed in ink, by applicant – PLEASE PRINT)

We are an Equal Opportunity Employer. Applicants are considered for all positions based on qualifications without regard to race, color, religion, sex, national origin, age, physical or mental handicap, or veteran status.

Full Name _____

Address _____

Home Phone (_____) _____ 2nd phone where you may be reached (_____) _____

Best time to contact you: _____ or on 2nd phone _____

Are you at least 18 years of age? _____

Has your Driver's License ever been suspended or revoked? _____

Have you ever been convicted of a felony? _____

Date available for employment _____ Minimum Salary expectation \$ _____

Education:

High School attended & location _____

College or additional education - Please list any schools attended, location, years attended, degrees earned: _____

Major course of study _____

Work Experience: Please list all employers beginning with your most recent employment.

Employer (name & address) _____

Job title and duties _____

Immediate supervisor _____ Phone _____

Salary \$ _____ per _____ Reason for leaving _____

Are you currently employed there? _____ Dates of employment, from _____ to _____

May we contact them? _____ if not, please state why. _____

Employer (name & address) _____

Job title and duties _____

Immediate supervisor _____ Phone _____

Salary \$ _____ per _____ Dates of employment, from _____ to _____

Reason for leaving: _____

Employer (name & address) _____

Job title and duties _____

Immediate supervisor _____ Phone _____

Salary \$ _____ per _____ Dates of employment, from _____ to _____

Reason for leaving: _____

(Attach additional sheet if necessary)

Please list any additional training or experience you have gained that may relate to your qualifications for this job:

In the space provided, please write a paragraph explaining why you would like to be employed in this position for the *Auglaize Soil and Water Conservation District*:

References:

Please list names, addresses and phone numbers of three references. (Do not use relatives as references):

- (1) _____
- (2) _____
- (3) _____

Read Before Signing:

I understand that this application does not constitute an employment contract or an offer for employment. I further understand that if I am offered a position of employment, that my employment will be “at will,” and that either the District or I may terminate the employment at any time for any reason with or without cause and with or without notice. I understand and accept that, if selected for employment, my employment may be conditioned upon my passing a background check that the employer deems necessary and determine whether I can physically perform the essential functions of the position, with reasonable accommodations when necessary. I understand and accept that this may include drug screening.

If employed, I understand and accept that, I may be required to work evenings, including weekends and be on call or work overtime hours.

I authorize investigation of all statements contained herein and authorize the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they have, personal or otherwise. I further release and agree to hold harmless the company and all parties providing information from all liability for any claim or damage that may result from furnishing such information from you.

I certify that the information I have given on this application is true and complete to the best of my knowledge and belief. I understand that any false information provided on this application or at the time of any interview(s) may cause for immediate discharge.

Applicant’s Signature

Date