

**Application for Employment**  
**Chisago SWCD**  
**38500 Tanger Drive, Suite 206 North Branch, MN 55056**

We welcome you as an applicant for employment with Chisago SWCD. It is the SWCD's policy to provide equal opportunity in employment. Chisago SWCD will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee.

Chisago SWCD accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact Craig Mell at 651-674-2333

**1. Position Desired**

- Title of position for which you are applying: \_\_\_\_\_
- Date Available to begin Employment: \_\_\_\_\_

**2. Personal Information**

- Name (Last, First, Middle): \_\_\_\_\_
- Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Are you either a U.S. citizen or legally eligible to hold employment in the United States?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you previously worked for the SWCD? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, position held: \_\_\_\_\_
- If yes, what name may your previous employment records be found? \_\_\_\_\_  
\_\_\_\_\_
- 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:  
\_\_\_\_\_  
\_\_\_\_\_

**3. Educational Information**

Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent first.

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

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

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

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

List any other courses, seminars, workshops, or training you have that may provide you with skills related to this position.

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

List any current licenses, registrations, or certificates you possess which may be related to this position.

<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.*

**4. Work/Volunteer Experience**

List all work and volunteer experience, most recent to be listed first. Please note “see resume” is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application.

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Dates of Employment/Experience: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

(Attach additional sheets if necessary.)

**5. Work/Volunteer Experience**

These should be people in a position to discuss your qualifications for the position you seek. Included especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. 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: \_\_\_\_\_

**6. 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.

**7. 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: \_\_\_\_\_  
\_\_\_\_\_

**8. Personal Statement**

Please indicate why you are interested in the position and what you hope to accomplish if selected.  
\_\_\_\_\_  
\_\_\_\_\_

**9. 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? \_\_\_\_\_

**10. Certification, Acknowledgement 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 fitness/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 fitness/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.