

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.

Name _____

Address _____

City/State/Zip _____

Phone (_____) _____ Email address: _____

Are you at least 18 years of age? _____ Best time to contact you: _____

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

Are you legally allowed to work in the US? _____

Date available for employment _____ Minimum Salary expectation \$ _____

Education:

High School, College or additional education - Please list any attended & degrees earned: _____

Major course of study _____

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

Employer (name & address) _____

Job title _____

Supervisor's Name _____ 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 _____

Supervisor's Name _____ Phone _____

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

Reason for leaving: _____

Employer (name & address) _____

Job title _____

Supervisor's Name _____ Phone _____

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

Reason for leaving: _____

(Attach Resume or 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 with the *Auglaize Soil and Water Conservation District*:

References:

Name, address and phone number of three references. (Do not use relatives as references):

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

Please read each paragraph closely, initial each and sign below:

☐ 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 will be decided upon after completing a background check and determine whether I can physically perform the essential functions of the position, with reasonable accommodations when necessary. I understand and accept that this will include drug screening.

☐ 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