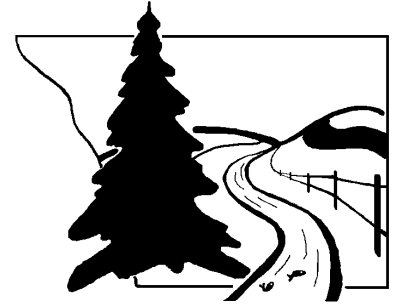


**BENTON SOIL & WATER CONSERVATION DISTRICT**  
**APPLICATION FOR EMPLOYMENT**



*Return completed application to:*  
*Benton SWCD*  
*14 West 2<sup>nd</sup> Ave.*  
*Foley, MN 56329*

**I. EQUAL EMPLOYMENT OPPORTUNITY**

It is the policy of the Benton SWCD to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

**II. DATA PRIVACY NOTICE**

The information requested on this application is intended to be used by the Benton SWCD in determining suitability for employment for the position which you are currently seeking or may seek in the future. If hired, the information may be later used for consideration for other positions, verification of employment history or disciplinary action if the information provided is not truthful. 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 employment to you. 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 (MGDPA) will not be released outside the Benton SWCD without your consent except as necessary for tax purposes or as otherwise required by state or federal law or court order. Information that is classified as public data will be released pursuant to the terms of the MGDPA.

**III. POSITION DESIRED**

Title of position(s) for which you are applying: \_\_\_\_\_

Date Available to Begin Employment: \_\_\_\_\_

#### IV. PERSONAL DATA

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street 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 Benton SWCD? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, position held \_\_\_\_\_

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

If yes, please describe the type of accommodation requested:

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

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#### V. VETERANS PREFERENCE POINTS

**Veterans preference points are awarded to qualified veterans and spouses of deceased or disabled veterans and are added to the exam results. Points are awarded subject to the provisions of Minnesota Statutes 197.455. YOU MUST SUPPLY A COPY OF YOUR DD214 (Member Copy 4). Disabled veterans must also supply a Summary of Benefits Letter from the United States Department of Veterans Affairs or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the veteran's DD214 and Summary of Benefits Letter from USDVAFL or death certificate. All required documentation must be received no later than 4:30 p.m. on the posted closing date. Are you applying for veteran's preference points?**

NO \_\_\_\_\_

YES \_\_\_\_\_ veteran who served on active duty 181 or more consecutive days and received an honorable discharge - see MN Stat 197.447

YES \_\_\_\_\_ veteran who served on active duty 181 or more consecutive days and received an honorable discharge and has a service connected disability.

YES \_\_\_\_\_ spouse of a veteran who served on active duty 181 or more consecutive days and received an honorable discharge and has a service connected disability (the Veteran must also be qualified to apply for the position but their service connected disability restricts them from applying for or performing the job duties)

YES \_\_\_\_\_ spouse of a deceased veteran who served on active duty 181 or more consecutive days and received an honorable discharge and had a service connected disability.

**VI. WORK/VOLUNTEER EXPERIENCE**

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

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

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

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

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

\_\_\_\_\_

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

Dates of mm/dd/yyyy Employment/Experience: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
Dates mm/dd/yyyy of Employment/Experience: \_\_\_\_\_

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

***Attach additional sheets if necessary.***

**VII. LICENSURE**

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

<u>License/No.</u>	<u>Issued By</u>	<u>Date</u>	<u>Expiration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

**VIII. EDUCATION**

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 mm/dd/yyyy of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Degree/Diploma Received: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Dates mm/dd/yyyy of Attendance: \_\_\_\_\_

List/describe any other training and/or experience to the position for which you are applying:

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

**IX. REFERENCES:** These should be people in a position to discuss your qualifications for the position you seek. Include 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: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

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

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

Name of Reference: \_\_\_\_\_

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

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

**X. CRIMINAL BACKGROUND INFORMATION**

*The SWCD may request information regarding criminal history in the event that you become a finalist for the position which you are applying. Further, the SWCD may conduct a criminal background check on individuals upon making a contingent job offer. If a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check, the content of which is acceptable to the SWCD, and formal approval by the appointing authority.*

**XI. PRIOR EMPLOYMENT**

Have you ever been discharged or forced to resign from prior employment, other than in relation to a human rights charge or lawsuit in which you were the claimant/plaintiff? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, identify the employer and describe the circumstances:

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

**XII. PERSONAL STATEMENT**

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

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**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 Benton SWCD.

**I understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the Benton SWCD Board or the appointing authority 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 Benton 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 Benton 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 Benton 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)