

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
 Have you ever worked for this company? YES NO If yes, when? _____
 Have you ever been convicted of a felony? YES NO If yes, explain: _____

Education

High School: _____ Did you graduate? YES NO

College: _____
 Did you graduate? YES NO Degree: _____

Other: _____
 Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name:		Relationship:	
Company:		Phone:	
Address:			

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Address:			

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Company:		Phone:	
Address:			

Training and Other Qualifications

Subject or Title of Training	Course Work Area	Length of Training

List special equipment or machines you can operate: _____

List computer software in which you have skills. Including word processing, spreadsheets and database programs.

Please indicate the name of the specific software: _____

List any additional relevant skills you have: _____

License/Certifications

(Be sure to include any valid driver's license if required for job)

License /Certification Issued by	Field/Trade/Specialization	License/Certification No.	Expires

Military Service

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

Previous Employment

List each job held. Start with your **Present** or **Last** job. Include military service assignments and volunteer activities.
 Note: In order to be considered for employment, you must fill in the information below accurately and completely.
 Please submit a resume, including references, in addition to completing this section. If you need additional space, attach extra copies of this page.

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 NO

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 NO

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 NO

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 NO

Release Information

Please Read Carefully

I certify that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I understand if this application is not completed in full, it will not be processed, and I will be automatically disqualified. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter examine me, from disclosing any knowledge or information which he or she acquired relevant to my employment following disclosure by me of any disabilities which may prevent me from performing the essential functions of the job for which I've applied. I hereby consent that he or she may disclose such knowledge or information to the Putnam Soil and Water Conservation District in consideration of an offer of employment or during my employment with the Putnam Soil and Water Conservation District. I understand that this application may raise questions regarding my past work and education record, and that the organizations' agent and employees may wish to make inquiry regarding this, so that my qualifications for employment may be reviewed.

By signing this waiver, I expressly authorize the Putnam Soil and Water Conservation District to make an inquiry to my former employers concerning my work record, job qualifications and performance. I authorize my former employer to furnish Putnam Soil and Water Conservation District's designated agent, with this information upon request. I recognize the right of Putnam Soil and Water Conservation District to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtain there from.

If your records may be under another name, please include that name.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge regardless of when such information is discovered. I understand, also, that I am required to abide by all rules and regulations of the Putnam Soil and Water Conservation District. By signing this application for employment, I acknowledge that I can perform the essential functions of the job for which I have applied, with or without reasonable accommodation. I understand that any offer of employment is conditional upon good proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

I understand that this employment application is not a contract of employment, and that any individual who is hired may voluntarily leave employment upon proper notice. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

By signing this waiver, I expressly authorize the Putnam Soil and Water Conservation District to obtain an abstract of my driver's license or commercial driver's license record, as well as any prior criminal convictions, so that my qualifications for employment may be reviewed. In the event that I am hired, I also authorize the Putnam Soil and Water Conservation District to continue to obtain this information during my employment with the District.

SIGNATURE OF APPLICANT _____

DATE OF SIGNATURE _____