



Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any legally protected status.

1. Applicant Information

Last Name: _____ First Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Title of Position Applied For: _____ Salary Expectation: _____

Date Available for Employment: _____

Are you legally authorized to work in the U.S.: YES NO

Are you 18 years of age or older: YES NO

Do you have a valid driver's license: YES NO

2. Education and Training

Do you have a high school diploma or GED equivalency YES NO

Do you have education beyond high school or GED YES NO

List all educational institutions:

Name	Location	Degree	Major Fields

List other professional designations, certifications, licenses, etc. (e.g., CCA, pesticide license, other registration):

List other skills or specialized training you possess related to your qualifications for employment:

Please describe your interest in working for the Kanabec Soil and Water Conservation District:

3. Employment History (Start with present or last employer, and list the last 4 jobs in your work history)

Employer 1

Employer Name: _____

Position: _____

Dates Employed: _____

Primary Duties: _____

Reason for Leaving: _____

May we contact this employer: ____ YES ____ NO

Employer 2

Employer Name: _____

Position: _____

Dates Employed: _____

Primary Duties: _____

Reason for Leaving: _____

May we contact this employer: ____ YES ____ NO

Employer 3

Employer Name: _____

Position: _____

Dates Employed: _____

Primary Duties: _____

Reason for Leaving: _____

May we contact this employer: YES NO

Employer 4

Employer Name: _____

Position: _____

Dates Employed: _____

Primary Duties: _____

Reason for Leaving: _____

May we contact this employer: YES NO

Please summarize any additional information necessary to describe your full qualifications:

4. References (Please provide 3-5 professional references that we may contact)

Reference 1: Name _____ Occupation _____ Phone _____

Reference 2: Name _____ Occupation _____ Phone _____

Reference 3: Name _____ Occupation _____ Phone _____

Reference 4: Name _____ Occupation _____ Phone _____

Reference 5: Name _____ Occupation _____ Phone _____

5. Veteran's Preference

Are you requesting Veteran's Preference: YES NO

Are you requesting Disabled Veteran's Preference: YES NO

If you answered YES to either A or B, you must furnish a copy of your D.D. 214 or other verifying documentation and complete the Veteran's Preference Claim Form below. Preference will not be granted without documentation.

Veteran's Preference Claim Form

Did the veteran serve on active military duty without interruption for 181 days or more?

YES NO

If the veteran served on active duty for a period of less than 181 consecutive days, does the veteran meet the minimum active duty requirements for eligibility for federal veterans benefits?

___ YES ___ NO

Is the veteran a United States Citizen? ___ YES ___ NO

Date of entry into service: _____ Branch: _____ Date of release from active duty: _____

Type of separation: ___ Honorable ___ Medical ___ Other

Are you now receiving or are you eligible to receive a monthly veteran's pension based on length of military service? ___ YES ___ NO

Disability Claim Number _____ Percent of service connected disability _____

Currently Existing? ___ YES ___ NO

State in which filed _____

6. Certification

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for determining my eligibility for employment and do hereby release Kanabec Soil and Water Conservation District from any and all liability of whatever nature by reason or requesting such information from my person.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, we are required to inform you of your rights regarding the collection, creation, storage, maintenance, and dissemination of, and access to, government data as it pertains to you. There is a presumption that data are public and are accessible by the public for both inspection and copying unless there is a federal law, a state statute, or a temporary classification of data that provides that certain data are not public. According to Minnesota Statutes §13.43, subdivisions 2 and 3, as a public employee or an applicant for public employment, most of the data we maintain about you are public.

Data is classified into three categories: (1) public (anyone can see it), (2) private (data is not public and accessible to the individual subject of the data), or (3) confidential (data made not public by statute or federal law and are inaccessible to the individual subject of the data).

The information we request from you may be used by us for one or more of the following purposes:

- To distinguish you from all other applicants or employees and identify you in our personnel files;
- To determine your eligibility for employment or promotion;
- To contact you or other significant persons in an emergency;
- To enroll you and your family members for health insurance;
- To enroll you in pension plans;
- To account for wages paid;
- To justify travel expense reimbursement;
- To account for other employer-paid fringe benefits;
- To compile Equal Opportunity and Affirmative Action reports.

You are not legally required to provide the requested data and may refuse to do so. However, without the requested information Kanabec SWCD may not be able to determine your eligibility for employment or promotion, compute your wages, or grant you other fringe benefits.

If you provide the requested data, we may share it with the following individuals/entities holding a legal right to access the information you provide:

- Peace Officer Standards and Training Board or law enforcement agency doing an investigation of the subject of the data;
- Department of Employment and Economic Development;
- Law enforcement agency for the purpose of reporting a crime or alleged crime committed by an employee; Department of Administration for the purpose of worker's compensation program;
- Exclusive bargaining unit representative;
- Minnesota Attorney General's Office;
- Minnesota Legislative Auditor's Office;
- Arbitrator/hearing officer;
- State and federal courts;
- State and federal enforcement agencies, including but not limited to the Federal Equal Employment Opportunity Commission, Minnesota Department of Human Rights, and the U.S. Department of Labor;
- Appropriate licensing entities and agencies;
- Counsel for parties in litigation;
- Persons/entities who have a legal document that authorizes them to act on your behalf;
- Kanabec SWCD personnel whose work assignments reasonably require access to your data;
- Any other individuals or entities as provided or limited by state or federal law.

Federal law permits government agencies to require an individual to provide his/her social security number for the administration of any tax. Please be aware when you are asked to give your social security number on Revenue forms, this collection is mandated by section 1211 of the Tax Reform Act of 1976 and also Minnesota Statutes 270.66. This information will be shared with the State Department of Revenue, the Internal Revenue Services, and security tax programs. In most other cases the disclosure of your social security number is voluntary. If it is required by law, we will inform you of the statute which requires collection.

If you have any questions about this notice, Human Resources staff will explain it to you. The information on this form applies to your future contacts with Kanabec SWCD whether the contact is in person, by mail, or by phone.

I have read and understand the above information regarding my rights under the Minnesota Government Data Practices Act.

Signature

Date

Print Name

Address