

4619 S. Clark Mexico, MO 65265

PH: 573-581-5927 EXT. 3

#### **EMPLOYMENT APPLICATION**

PERSONAL:		
FULL NAME:		
HOME ADDRESS:		
		PHONE:
EMAIL:		
EMERGENCY CONTACT:		PHONE:
DATE AVAILABLE FOR EMPLOYN	ИENT:	SALARY:
DO YOU HAVE A VALID DRIVER'	S LICENSE? (PLEASE CIRCLI	E): YES NO
CAN YOU PASS A FEDERAL BACK	(GROUND CHECK? (PLEASI	E CIRCLE): YES NO
EDUCATION:		
HIGH SCHOOL (NAME & ADDRE	SS):	
YEARS ATTENDED:	GRADUATED:_	GPA:
ADDITIONAL EDUCATION (NAM	E & ADDRESS):	
COURSE OF STUDY:		GRADUATED:
SPECIAL QUALIFICATIONS? (PLE	ASE DESCRIBE):	



#### **WORK EXPERIENCE:** (START WITH MOST RECENT)

ADDRESS:		
	SALARY:	
SUPERVISOR:	PHONE:	
DATES OF EMPLOYMENT:	TO	
MAY WE CONTACT THIS EMPLOYER	R? IF NOT PLEASE GIVE REASON:	
EMPLOYER:		
ADDRESS:		
	SALARY:	
SUPERVISOR:	PHONE:	
DATES OF EMPLOYMENT:	TO	
MAY WE CONTACT THIS EMPLOYER	R? IF NOT PLEASE GIVE REASON:	
	SALARY:	
DUTIES:		
SUPERVISOR:	TO	



#### **REFRENCES:**

(NO RELATIVES)

1.	NAME:		
	ADDRESS:	PHONE:	
	RELATIONSHIP TO APPLICANT:		
	YEARS KNOWN:		
2.	NAME:		
	ADDRESS:	PHONE:	
	RELATIONSHIP TO APPLICANT:		
	YEARS KNOWN:		
3.	NAME:		
	ADDRESS:	PHONE:	
	RELATIONSHIP TO APPLICANT:		
	YEARS KNOWN:		
	OUR AGRICULTURAL EXPERIENCE:		
OTHER RELATED EXP	ERIENCE:		
HOW DID YOU LEAR!	N OF THIS POSITION?:		



PLEASE WRITE ONE PARAGRAPH EXPLAINING WHY YOU WOULD LIKE TO WORK FOR THE SOIL AND WATER DISTRICT:
BY SIGNING BELOW YOU ARE AUTHORIZING INVESTIGATION OF ALL STATEMENTS IN THIS
APPLICATION. YOU UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSI
FOR DISMISSAL. YOU CERTIFY THAT ALL STATEMENTS MADE WITHIN THIS DOCUMENT ARE
TRUE TO THE BEST OF YOUR KNOWLEDGE.
SIGANTURE OF APPLICANT:DATE:
PLEASE RETURN TO: AUDRAIN SWCD 4619 S. CLARK

**MEXICO, MO 65265** 

OR CALL 573-581-5927 EXT.3 TO MAKE DROP-OFF ARRANGEMENTS. PLEASE ATTACH RESUME AND COVER LETTER TO THIS APPLICATION.

AUDRAIN SWCD IS AN EQUAL OPPORTUNITY EMPLOYER.