

# EMPLOYMENT APPLICATION

Name (Last, first, middle):				
Address (street, city, state, Zip Code):		Phone:	Date of Application:	
U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	Best time to contact: Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>	Position Desired:	Salary Desired:	
Indicate areas you are willing to work: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/>		Have you been previously employed by the district? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?	Indicate the following (in words/min): Typing Speed _____ Keyboard Speed _____	
Indicate what technology applications you can use effectively: Word <input type="checkbox"/> Excel <input type="checkbox"/> E-mail <input type="checkbox"/> Publisher <input type="checkbox"/> Front Page <input type="checkbox"/> Digital Camera <input type="checkbox"/> PowerPoint <input type="checkbox"/>				
Education and Training: <i>(include high school, GED, trade and vocational schools, undergraduate and graduate degrees)</i>				
Name and Type of School:	Major:	Minor:	Dates Attended or Date Degree was Received:	Degree, or Credits Completed
List special skills, qualifications or accomplishments related to the position you are applying for <i>(include skills with computers, other machinery, public speaking, and writing, patents, publications, and etc)</i> :				
List any professional society memberships or community groups you belong to:				
List current licenses and certifications <i>(include issuing state and expiration date)</i> :				
Do you have a valid state driver's license?: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, has your license ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:		
Give the number of moving traffic violations you have had over the past three (3) years: _____		Give the number of traffic accidents you have had in the past three (3) years: _____		
Have you ever been convicted of a criminal offense? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you currently out on bail or on your own recognizance pending trial? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever been convicted of driving under the influence of alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If your answer is yes to any of these question please explain on a separate sheet of paper reporting all cases and dates except minor traffic violations, sealed or juvenile convictions.)</i>				
List three (3) people for references who are not related to you:				
Full name and title:	Phone <i>(include Area Code)</i> :	Address <i>(street, city, state, zip code)</i> :	E-mail:	

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**Previous Work Experience (please list the most recent experience first and include U.S. Military Service)**

<b>A</b>			
Name of Employer	Phone	Job Title	
Address (street, city, state, Zip Code)		Supervisors Name and Title	
Describe Work Performed			
Date Started	Date Ended	Wage Rate	Reason for Leaving
<b>B</b>			
Name of Employer	Phone	Job Title	
Address (street, city, state, Zip Code)		Supervisors Name and Title	
Describe Work Performed			
Date Started	Date Ended	Wage Rate	Reason for Leaving
<b>C</b>			
Name of Employer	Phone	Job Title	
Address (street, city, state, Zip Code)		Supervisors Name and Title	
Describe Work Performed			
Date Started	Date Ended	Wage Rate	Reason for Leaving
<b>D</b>			
Name of Employer	Phone	Job Title	
Address (street, city, state, Zip Code)		Supervisors Name and Title	
Describe Work Performed			
Date Started	Date Ended	Wage Rate	Reason for Leaving

I certify that the above information is correct and complete to the best of my knowledge and belief. I make this statement with the knowledge that any false or misleading statement or omission of material fact, MAY BE SUFFICIENT CAUSE FOR DISMISSAL. I authorize the district to verify any of the information I have submitted in this application.

*Signature:* \_\_\_\_\_

*The Adair County Soil & Water Conservation District is an equal opportunity employer. Applicants will be considered without regard to race, color, religion, gender, national origin, age, politics, disability, sexual orientation, marital or family status.*