



AUDRAIN SOIL & WATER CONSERVATION DISTRICT

4619 S. CLARK MEXICO, MO 65265

PH: 573-581-5927 EXT.3

EMPLOYMENT APPLICATION

PERSONAL:

FULL NAME: _____

HOME ADDRESS: _____

DATE OF BIRTH: _____ SS#: _____ PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

DATE AVAILABLE FOR EMPLOYMENT: _____ SALARY: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? (PLEASE CIRCLE): YES NO

CAN YOU PASS A FEDERAL BACKGROUND CHECK? (PLEASE CIRCLE): YES NO

EDUCATION:

HIGH SCHOOL (NAME & ADDRESS): _____

YEARS ATTENDED: _____ GRADUATED: _____ GPA: _____

ADDITIONAL EDUCATION (NAME & ADDRESS): _____

COURSE OF STUDY: _____ GRADUATED: _____

SPECIAL QUALIFICATIONS? (PLEASE DESCRIBE): _____



AUDRAIN SOIL & WATER CONSERVATION DISTRICT

WORK EXPERIENCE: (START WITH MOST RECENT)

1. EMPLOYER: _____
ADDRESS: _____
JOB TITLE: _____ SALARY: _____
DUTIES: _____

SUPERVISOR: _____ PHONE: _____
DATES OF EMPLOYEMENT: _____ TO _____
MAY WE CONTACT THIS EMPLOYER? IF NOT PLEASE GIVE REASON: _____

2. EMPLOYER: _____
ADDRESS: _____
JOB TITLE: _____ SALARY: _____
DUTIES: _____

SUPERVISOR: _____ PHONE: _____
DATES OF EMPLOYEMENT: _____ TO _____
MAY WE CONTACT THIS EMPLOYER? IF NOT PLEASE GIVE REASON: _____

3. EMPLOYER: _____
ADDRESS: _____
JOB TITLE: _____ SALARY: _____
DUTIES: _____

SUPERVISOR: _____ PHONE: _____
DATES OF EMPLOYEMENT: _____ TO _____
MAY WE CONTACT THIS EMPLOYER? IF NOT PLEASE GIVE REASON: _____



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REFERENCES:

(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: _____

PLEASE DESCRIBE YOUR AGRICULTURAL EXPERIENCE: _____

OTHER RELATED EXPERIENCE?: _____

HOW DID YOU LEARN OF THIS POSITION?: _____



AUDRAIN SOIL & WATER CONSERVATION DISTRICT

PLEASE WRITE ONE PARAGRAPH EXPLAINING WHY YOU WOULD LIKE TO WORK FOR THE SOIL & WATER CONSERVATION DISTRICT.

BY SIGNING BELOW YOU ARE AUTHORIZING INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION. YOU UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. YOU CERTIFY THAT ALL STATEMENTS MADE WITHIN THIS DOCUMENT ARE TRUE TO THE BEST OF YOUR KNOWLEDGE.

SIGNATURE OF APPLICANT: _____ DATE: _____

***PLEASE ATTACH RESUME AND COVER LETTER TO THIS APPLICATION.**

**TO RETURN BY MAIL AUDRAIN SWCD
4619 S. CLARK
MEXICO, MO 65265**

YOU MAY ALSO EMAIL IT TO JENNIFER.NIXON@SWCD.MO.GOV

****OUR OFFICE IS CURRENTLY CLOSED TO VISITORS DUE TO COVID-19. IF YOU WOULD LIKE TO DROP YOUR DOCUMENTS BY THE OFFICE PLEASE CALL FIRST DURING BUSINESS HOURS TO MAKE ARRANGEMENTS.**

AUDRAIN SWCD IS AN EQUAL OPPORTUNITY EMPLOYER.