LAFAYETTE SWCD JOB APPLICATION

PERSONAL:

Full Name _____

Home Address _____

(Street) (City) (State) (Zip)

Business Address _____

(Street) (City) (State) (Zip)

Social Sec. # ___ - __ - ____ Home Phone ( ) ___ - ____ Business Phone ( ) ___ - ____

Date Available for Employment _____ Salary Desired $_____

Emergency Contact _____ Phone # ( ) ___ - ____

EDUCATION:

High School (Name/Address) _____

_____

Major Course of Study _____ Years Attended _____ Graduated _____

Additional Education (Name/Address of School) _____

_____

Major Course of Study _____ Years Attended _____ Graduated _____

Special Qualifications _____

WORK EXPERIENCE (most recent employment history first):

1) Employer
(Name/Address)_____

Job Title and Duties _____

_____

Immediate Supervisor _____ Phone # ( ) ___ - ____ Salary $ _____

Are you currently employed there? _____ May we contact them? _____ If not, why? ____

_____

Dates of Employment (from, to) _____

2) Employer
(Name/Address)_____

Job Title and Duties _____

_____

Immediate Supervisor _____ Phone # ( ) ___ - ____ Salary $ _____

Reason for Leaving _____

Dates of Employment (from, to) _____

3) Employer
(Name/Address)_____

Job Title and Duties _____

_____

Immediate Supervisor _____ Phone # ( ) ___ - ____ Salary $ _____

Reason for Leaving _____

Dates of Employment (from, to) _____

(Attach additional sheet if necessary)

REFERENCES:

List name, address and phone # of three references and years known (no relatives):

1) _____

2) _____

3) _____

Describe your agricultural experience _____

_____

Other related experience _____

_____

How did you learn of this position? _____

* Below your signature, at the end of this application, write one paragraph explaining why you would like to work for this Soil and Water Conservation District.

PHYSICAL RECORD:

List any physical abnormalities that may be a hindrance to your work performance for the position you are interested in.

_____

_____

_____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I certify that all statements made within this document are true to the best of my knowledge.

Signature of Applicant _____ Date _____