

# MARIES COUNTY 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.

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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 \_\_\_\_\_