

Application for Employment

Equal Employment Opportunity Statement & ADA: Yamhill Soil and Water Conservation District (District) is an Equal Employment Opportunity Employer. All applicants will be considered without regard to race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity. The District is prepared to make necessary arrangements and/or accommodations for persons with disabilities who require alternative means of communication.

1. Position applied for _____ 2. Agency Yamhill Soil & Water Conservation District

3. Social Security Number _____
(Note: Completion of number three (3) is optional. Failure to submit social security number (SSN) on this form will not prohibit employment consideration. However, verification of SSN is a required condition of employment.)

4. Full Legal Name _____ 6. Home Phone _____
Last First Middle

5. Address _____ 7. Work Phone _____

8. Email Address _____
City State Zip

9. EDUCATION	Name & Location of School	Number of Years Attended	Degree Received	Subjects Studied or Degree Major
High School				
College or University				
Trade, Business, or Correspondence School				
Other School				
Other School				

If you expect to complete an educational program in the near future, please indicate what type of degree or program and the expected completion date:

10. EXPERIENCE Starting with the most recent, describe ALL paid jobs, including military, and applicable experiences. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization separately.

Use a separate sheet of paper if you need additional space.

<p>a. Job Title _____</p> <p>Employer _____</p> <p>Address _____</p> <p>City State Zip _____</p> <p>Phone _____</p> <p>Type of business _____</p> <p>Immediate supervisor _____</p> <p>Title _____</p> <p>Dates (mo/yr) _____ to (mo/yr) _____</p> <p>May we contact this employer _____ Yes _____ No</p>	<p>Duties: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ FT _____ PT _____ Hours/week</p> <p>Number and title of employees you supervised _____</p> <p>Equipment used _____</p> <p>Reason for leaving _____</p> <p>Your name if different from present _____</p>
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b. Job Title _____
Employer _____
Address _____
City State Zip _____
Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Dates (mo/yr) _____ to (mo/yr) _____
May we contact this employer _____ Yes _____ No _____

Duties: _____

_____ FT _____ PT _____ Hours/week
Number and title of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

c. Job Title _____
Employer _____
Address _____
City State Zip _____
Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Dates (mo/yr) _____ to (mo/yr) _____
May we contact this employer _____ Yes _____ No _____

Duties: _____

_____ FT _____ PT _____ Hours/week
Number and title of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

d. Job Title _____
Employer _____
Address _____
City State Zip _____
Phone _____
Type of business _____
Immediate supervisor _____
Title _____
Dates (mo/yr) _____ to (mo/yr) _____
May we contact this employer _____ Yes _____ No _____

Duties: _____

_____ FT _____ PT _____ Hours/week
Number and title of employees you supervised _____
Equipment used _____
Reason for leaving _____
Your name if different from present _____

e. Use this space for any additional information that describes your qualifications, including training, seminars, workshops, and special achievements or skills:

f. Please describe your computer skills and list programs you are comfortable using. (Microsoft applications such as Word, Excel, Access or relevant software; GIS, etc.)

11. LICENSES

Licenses (including driver's), certificate, or other authorization to practice a profession or trade.

Type	License Number	Granting or Licensing Board

12. REFERENCES

List names, addresses and relationships of three persons not related to you.

Name	Address	Phone	Relationship

13. MISCELLANEOUS

- a. Check which job status you will consider: _____ Full-time _____ Part-time Specify _____
- b. When are you available to start work? _____ Month _____ Day _____ Year

14. CRIMINAL BACKGROUND CHECK

A criminal background check is required for consideration of employment. I _____ do/ _____ do not agree to a background check if considered for employment by the District.

15. PLEASE READ CAREFULLY BEFORE SIGNING

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I understand that submitting this application does not establish any obligation for the District to hire me. If I am hired, I understand that the District or I can terminate my employment at any time and for any reason, with or without cause, and without prior notice.

By my signature below, I attest that I have given to the District true and complete information on this application. No requested information has been concealed. The District has my permission to contact each prior employer listed above where I have answered "Yes" to the question, "May we contact your employer?" I authorize the District to contact the references I provided in this application.

If the District finds any information which I have provided herein as untrue, or if I have concealed material information, I understand my application for employment may be denied, or if I have been hired, may be cause for immediate dismissal.

My Signature	
My Name (Printed)	
Today's Date	