



YAMHILL SOIL & WATER CONSERVATION DISTRICT

An Equal Opportunity Employer

Application for Employment

Application may be emailed to: recruitment@cascadeemployers.com

Application mailed to: 2200 SW 2nd Street McMinnville, OR 97128

Application in person to: 2200 SW 2nd Street McMinnville, OR 97128

www.yamhillswcd.org

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 *(Verification of your SSN is required as a condition of employment)* _____

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

7. Work Phone _____

5. Address _____

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.

a. Job Title _____

Duties: _____

Employer _____

Address _____

City State Zip

Phone _____

Type of business _____

_____ FT _____ PT _____ Hours/week

Immediate supervisor _____

Number and title of employees you supervised _____

Title _____

Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____

Reason for leaving _____

May we contact this employer _____ Yes _____ No

Your name if different from present _____

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	