

Vanderburgh County SWCD

APPLICATION FOR EMPLOYMENT

Applications due December 19th, 2018

Vanderburgh County SWCD is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, age, disability, citizenship status, or any other basis prohibited by law.

PLEASE TYPE OR PRINT

* An application not completed in its entirety will not be considered.*

PERSONAL INFORMATION

Date of Application _____ Social Security Number _____ - _____ - _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (____) _____

If you have resided at your present address less than three years, list your prior address:

Address _____
NUMBER STREET CITY STATE ZIP CODE

Position(s) Desired _____ Salary/Wage Expected _____

Why do you want to work for the Vanderburgh County SWCD? _____

Have you filed an application with the SWCD before? Yes No If yes, give date(s) _____

Have you ever been employed by the SWCD before? Yes No If yes, give date(s) and position(s) held _____

Are you a U.S. Citizen or an alien legally entitled to work in the position(s) for which you have applied? Yes No

Are you 18 years or older? Yes No

Available to work (check all that apply) Full Time Part-Time Temporary Saturdays
 On-Call Overtime Any Shift Sundays

Can you travel if a job requires it? Yes No

On what date would you be available to begin work? _____

Are you on a layoff and subject to recall at another employer? Yes No If yes, explain your recall rights _____

Do you have any commitments or obligations with any school or other employer, business or organization that might affect your availability to work if you were hired? Yes No If yes, please explain.

Positions involving motor vehicle operation require a valid operator's license and verification of acceptable driving record. Do you have a valid operator's license? Yes No

Has your license ever been revoked or suspended? Yes No

Have you had any moving violations and/or accidents in the past three years? Yes No

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic violation? *(Conviction or plea will not automatically disqualify applicant from employment.)* Yes No

If yes, state the nature of the conviction or plea, the date, and explain _____

PERSONAL REFERENCES

List the name, address and telephone number of four references who are **not** related to you.

1.			()
	Name	Address	Telephone No.
2.			()
	Name	Address	Telephone No.
3.			()
	Name	Address	Telephone No.
4.			()
	Name	Address	Telephone No.

EDUCATION

Type of School	Name of School City and State	Number of Years Completed	Graduate?		Course Pursued/ Degrees Granted
			Yes	No	
High School or GED					
College or University					
Business, Trade or Technical School or College					
Correspondence or Special School or College					

List any special job-related skills and qualifications acquired from education, employment, apprenticeship, training or seminars. _____

If you have had any job training in the military, please describe: _____

Branch of Service: _____

EMPLOYMENT RECORD AND EXPERIENCE

Starting with your present or most recent job, list all your employment experience for at least the last 15 years.

Employer	Employment Dates	Kind of Work Performed: Reason for Leaving:
	From	
Address	To	
Position Held	Salary/Hourly Rate	
Immediate Supervisor:	Starting:	Reason for Leaving:
	Final:	
Employer	Employment Dates	Kind of Work Performed: Reason for Leaving:
	From	
Address	To	
Position Held	Salary/Hourly Rate	
Immediate Supervisor:	Starting:	Reason for Leaving:
	Final:	
Employer	Employment Dates	Kind of Work Performed: Reason for Leaving:
	From	
Address	To	
Position Held	Salary/Hourly Rate	
Immediate Supervisor:	Starting:	Reason for Leaving:
	Final:	
Employer	Employment Dates	Kind of Work Performed: Reason for Leaving:
	From	
Address	To	
Position Held	Salary/Hourly Rate	
Immediate Supervisor:	Starting:	Reason for Leaving:
	Final:	

*** If you need additional space, please continue on the back of this page or on a separate sheet of paper**

May we contact the employers you have listed? Yes No If no, indicate which one(s) you do NOT wish us to contact and state the reason why you prefer that we do not contact the employer(s). _____

Have you ever been discharged or asked to resign from any position? Yes No If yes, please state the employer and dates of employment , and reason. _____

APPLICANT'S STATEMENT

* Please indicate that you have read and understand each paragraph of the following *
Applicant's Statement by placing your initials beside each paragraph.

Initials

- _____ 1. I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in no employment being offered or an offer being withdrawn and, in the event of employment, in discharge.
- _____ 2. I hereby authorize investigation of all statements contained in this application. I understand that information may be obtained through interviews with personal references and past employers, through a credit check, a criminal history check and/or a driver's record check. This inquiry may include information about my personal characteristics, as well as information about my work performance and workplace conduct. I hereby consent to consideration of any statements of references, former employers or others provide in response to the inquiry. If the SWCD decides to obtain a consumer credit report, I understand that it will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.
- _____ 3. I hereby release my personal references and my previous employers from liability for their furnishing information concerning me and I also release the SWCD for any employment decision it makes on the basis of such information.
- _____ 4. I understand that, if I am hired, I may be required to undergo a physical examination and drug screen, as a condition of beginning my employment, and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.
- _____ 5. I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. I understand that any offer of employment to me is contingent upon my ability to produce the required documentation and **pass a federal background check** within the time period required by law.
- _____ 6. I understand that this application is not, nor intended to be, a contract of employment and if I am hired, my employment is for no fixed period of time and is terminable at any time and for any reason by either me or by the SWCD. I further understand that statements contained in policies, handbooks or other material do not create any guarantee of employment and that the SWCD has the right to modify, amend or terminate policies, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative, other than **the Vanderburgh County SWCD Board of Supervisors** have the authority to enter into any employment agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

_____ Date: _____
Signature of Applicant

NOTE: Please look over the entire 4 pages of your application to make sure you have responded to every item. Otherwise, your application may not be considered.

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER 90 DAYS