



1318 McKay Drive, Suite 300 Ham Lake, MN 55304  
 Ph: 763-434-2030 www.AnokaSWCD.org

## APPLICATION FOR EMPLOYMENT

An Equal Employment Opportunity Employer

Title of the position for which you are applying: <b>Natural Resource Technician</b>
Class of the position for which you are applying? <b>Technician</b> Refer to position description for requirements.
Date of Application:     /     /
Date Avail. to Start:     /     /

**DATA PRIVACY NOTICE:** The information requested on this application is intended to be used by the Anoka Conservation District in determining suitability for employment for the position that you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the Anoka Conservation District being unable or unwilling to offer employment to you. The information on this application, which is classified as private data under the Minnesota Government Data Practices Act, will not be release outside the County without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

**COMPLETE INFORMATION:** You may complete portions of this application by marking it "see resume". You should, however, supply all of the information requested either on this form or in your resume.

**PERSONAL STATEMENT:** Please indicate why you are interested in the position and what you hope to accomplish if selected.

**REASONABLE ACCOMMODATIONS:** If you have a disability that would prevent you from testing for a position under standard conditions, please notify the ACD office so that reasonable effort can be made to accommodate you.

Last Name	First Name	Middle Name	Former Name(s)	Are you age 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address			Apt. No.	May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
City	State	Zip Code	Home Phone	Work Phone

Are you legally eligible to work in the United States (you will be required to provide proof of eligibility)? Yes  No

**DRIVER'S LICENSE:** Do you have a valid MN driver's license? Yes  No

List current licenses, registrations, or certificates relevant to the position for which you are applying:  
 Issued By: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**VETERAN STATUS:** Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points? Yes  No   
 Do you wish to claim Veteran's Preference Points? Yes  No   
 If you are a disabled veteran and wish to claim additional points, please check here.

**EDUCATION/TRAINING:** Did you graduate from High School or receive a G.E.D.? Yes  No

Name of High School Attended: \_\_\_\_\_ Location: \_\_\_\_\_

Name and Location of College, University or other Post-secondary Institution.	# Credits Earned		Certificate Or Degree Type	Major	Minor
	Qtr.	Sem.			

**UNEXCUSED ABSENCES FROM WORK:** How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family?

**CRIMINAL BACKGROUND:** Criminal background checks will be completed for all finalists.

**PRIOR EMPLOYMENT:** Have you ever been discharged or forced to resign from prior employment? Yes  No   
 If so, identify the employer and describe the circumstances:

**WORK EXPERIENCE:** Experience ratings are determined by the information you provide. Please provide a thorough accounting of your related work history. For additional work history, use blank sheets and attach to this form or include on your resume.

**COMPENSATION:** What are your expectations in terms of annual compensation excluding benefits? \$

Most recent employer		Job title	
Supervisor	Email	Phone	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
From Mo Yr	To Mo Yr	Total Time Yrs Mos	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time _____ Hrs/Wk
Reason for leaving			
Specific duties			

Prior employer		Job title	
Supervisor	Email	Phone	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
From Mo Yr	To Mo Yr	Total Time Yrs Mos	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time _____ Hrs/Wk
Reason for leaving			
Specific duties			

Prior employer		Job title	
Supervisor	Email	Phone	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
From Mo Yr	To Mo Yr	Total Time Yrs Mos	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time _____ Hrs/Wk
Reason for leaving			
Specific duties			

**EQUAL EMPLOYMENT OPPORTUNITY:** It is the policy of the Anoka Conservation District to provide equal employment opportunity for all, without discrimination on the basis of characteristics of protected classes.

**ADDITIONAL INFORMATION:** List any additional information you feel may be important to us to know in evaluating your application e.g., professional society memberships, relevant community activities or volunteer work, skills or specific accomplishments. Please be specific and include period of time involved, if applicable. Attach additional sheets, if necessary or include in resume.

**CERTIFICATION, ACKNOWLEDGMENT, AUTHORIZATION AND RELEASE**

**I certify** that the information given in this application form and attachments are true and complete to the best of my knowledge. I authorize Anoka Conservation District to investigate all statements made in this application, as necessary, to consider this application. I understand that giving false or misleading information in my application or interview(s) will disqualify me from consideration. I understand that if Anoka Conservation District hires me I am subject to discharge if I provide false information or omit material information in connection with this application, regardless of when it is discovered.

**I understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the Anoka Conservation District Board of Supervisors, and that until such approval, the Anoka Conservation District shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all former employers, organizations where I have volunteered and references named in this application, or any agent thereof, to release to the Anoka Conservation District and its agents any and all information regarding my job performance and fitness/qualification to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the Anoka Conservation District will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature below.

**I hereby release** the Anoka Conservation District and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf thereof for any and all liability of whatever nature by reason of requesting or providing such information.

Name \_\_\_\_\_  
(Printed)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notice:** If you do not agree to any portion of the certification, acknowledgment, authorization and release, cross out that section and initial it.