



APPLICATION FOR EMPLOYMENT

RETURN TO: Minnehaha Conservation District
 2408 E Benson Rd
 Sioux Falls, SD 57104-7018
 (605) 336-1527

General Instructions

Complete all parts of the application. Applications not properly completed will be returned. Photocopied and facsimile applications will be accepted.

AN EQUAL OPPORTUNITY EMPLOYER

ENTER SOCIAL SECURITY NUMBER BELOW.

- -

Full Name _____
 Last First Middle
 Address _____
 House or Apartment Number Street
 City State Zip Code
 Telephone Number: Home () _____ Cell () _____ Work () _____
 Area Code Area Code Area Code

EDUCATION: High School Diploma or GED? () Yes () No

CIRCLE OR BRACKET THE HIGHEST GRADE OF SCHOOL COMPLETED.

1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK.

Name and Location of School	Dates of Attendance		Credit Hours		Did You Graduate?		Type of Degree and Date	Major
	From	To	Sem.	Qtr.	Yes	No		
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

PROFESSIONAL LICENSE OR CERTIFICATE

License/Certificate Issued By	Field/Trade/Specialization	License/Certificate No.	Issue Date	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST COURSES (AND HOURS) WHICH ARE PARTICULARLY RELATED TO THE POSITION (attach additional sheets, if needed).

ARE YOU A U.S. VETERAN? YES NO WHAT BRANCH? _____

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO WHAT STATE? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

(PROOF OF CITIZENSHIP OR IMMIGRATIO STATUS WILL BE REQUIRED UPON EMPLOYMENT) YES NO

ARE YOU AVAILABLE TO WORK FULL TIME PART TIME TEMPORARY

WHAT IS THE MINIMUM STARTING SALARY YOUR ARE WILLING TO ACCEPT? _____

ARE YOU EMPLOYED NOW? YES NO

ON WHAT DATE WOULD YOU BE AVAILABLE TO WORK? _____

POSITION APPLIED FOR _____

DATE OF APPLICATION _____

SOCIAL SECURITY NUMBER : _____ - _____ - _____

List three reliable persons, not relatives or present employer, who know you well enough to give information about you.

NAME	ADDRESS AND PHONE NUMBER	EMPLOYER

Have you ever been involuntarily terminated, discharged, forced or asked to resign from any job? () **Yes** () **No**

If you answered **Yes** to the above question, provide an explanation on a separate sheet noting any mitigating or extenuating circumstances in the space below. If necessary, you may use a separate sheet or sheets and attach to the application.

Have you ever been convicted of a misdemeanor or felony crime? () **Yes** () **No**

If you answered **Yes** to the above question, list in the space below all prior misdemeanor and felony convictions and any extenuating or mitigating circumstances regarding such convictions. If necessary, you may use a separate sheet or sheets and attach to application.

NOTE: A CRIMINAL CONVICTION WILL NOT NECESSARILY BE A BAR TO CONSIDERATION FOR EMPLOYMENT. CRIMINAL HISTORIES WILL BE SUBMITTED TO THE NATIONAL CRIME INFORMATION CENTER (NCIC) FOR VERIFICATION. FAILURE TO DISCLOSE A CONVICTION MAY BE CONSIDERED AS GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE ALL CRIMINAL CONVICTIONS.

WORK HISTORY

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME' IS ATTACHED.

Begin with your **PRESENT** or most recent employment. List in **REVERSE ORDER** periods of employment. **Each time you changed jobs or your title changed should be listed as a separate period.** Describe in detail your duties. (Attach additional sheets if needed.)

1. Current or Last Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? () Yes () No	
Number/Title of Employees You Supervised On a Continuing Basis					Equipment You Operated		
Name, Title and Telephone Number of Supervisor					Reason for Leaving		
Describe Your Duties in Detail							

SOCIAL SECURITY NUMBER : _____

2. Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? () Yes () No	
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated			
Name, Title and Telephone Number of Supervisor				Reason for Leaving			
Describe Your Duties in Detail							

3. Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? () Yes () No	
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated			
Name, Title and Telephone Number of Supervisor				Reason for Leaving			
Describe Your Duties in Detail							

4. Employer					Your Official Job Title		
Address					Type of Business		
FROM Month Year	TO Month Year	Total Months	Number of Hours Per Week	Beginning Salary \$ _____ Per _____	Ending Salary \$ _____ Per _____	May we contact your employer? () Yes () No	
Number/Title of Employees You Supervised On a Continuing Basis				Equipment You Operated			
Name, Title and Telephone Number of Supervisor				Reason for Leaving			
Describe Your Duties in Detail							

5. USING THE ABOVE FORMAT, SHOW OTHER EXPERIENCE BY USING ADDITIONAL SHEETS.

COMPLETE THIS SECTION IF YOU ARE CLAIMING VETERAN'S PREFERENCE

If you claim Veteran's Preference, check the type below. Attach copies (**which will not be returned**) of the required documents to your application to support your claim.

- 1 () Veteran (5 points) - Requires DD214 or document showing dates of service and type of discharge. **If this has been submitted previously and is on file with this office, you may disregard this requirement.**
- 2 () Disabled Veteran (10 points) - Requires DD214 or other document as above and letter of disability from V.A. dated within last 6 months. **V.A. letter must be kept updated until register is established or you lose the extra 5 points.**
- 3 () Deceased Veteran's spouse (10 points) - Requires DD214 or other document as above and marriage and death certificates. Cannot be claimed if spouse remarries.
- 4 () Disabled Veteran's spouse (10 points) - Requires DD214 or other document as above and V.A. letter of disability dated within last 6 months. Cannot be claimed unless still married to disabled veteran.
- 5 () Permanently Disabled Veteran (10 points) - Requires DD214 or other document as above indicating veteran is permanently disabled or DD214 or other document and V.A. letter indicating permanent disability.

In case of Emergency Notify _____

Name

Address

Phone

CERTIFICATION STATEMENT

I certify that all statements on or attached to this application are true and correct to the best of my knowledge. I know that any false statements may cause me to be denied the chance for testing, to be removed from an employment register, or to be released from employment. I further authorize the release of all relevant prior employment, military service, academic/school and criminal records. If employed I agree, consistent with applicable laws, to receive compensatory time off in lieu of overtime compensation for any overtime hours worked.

Signature _____

Date _____

During the application process your name may be removed from an employment register for any disqualifying reason.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, handicap, or any other legally protected status.

Was Applicant Hired ____ Yes ____ No Date of Employment _____