

APPLICATION FOR EMPLOYMENT

Goodhue Soil and Water Conservation District

104 E 3rd Ave. Goodhue, MN 55027

651-923-5286 ext.4

Notice to Applicant:

It is the policy of the Goodhue County SWCD to provide equal employment for all, without discrimination on the basis of race, color, creed, religion, hair style, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

The information requested on this application is intended to be used by the Goodhue SWCD to determine suitability for employment for the position which 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 SWCD being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the SWCD may be unable to provide the necessary. The information on this application which is classified as private data under the Minnesota Government Data Practices Act (MGDPA) will not be released outside the Goodhue SWCD without your consent except as necessary for tax purposes or as otherwise required by state or federal law or court order. Information that is classified as public data will be released pursuant to the terms of the MGDPA.

Title of position for which you are applying: _____
Date Available to Begin Employment: _____
Date of Application: _____

PERSONAL INFORMATION:

Last Name _____ First _____ Middle _____				
Present Address _____				
City _____	State _____	Zip Code _____		
Home Phone No. _____	Work Phone No. _____	May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a United States Citizen OR if not, do you have permission to work in this Country? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Have you had previous employment with a Soil and Water Conservation District: <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, where and when:

EDUCATION/TRAINING:
Please complete the information below to describe the levels of education have you completed. Transcripts may be attached to this application (optional).

Name and Address of School	Dates Attended	Course(s) of Study	Did you Graduate	Degree or Certificate

Second, last employer:

Employer's Name		Mailing Address	Zip Code	Phone No.
				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Held		Duties Performed:		
Immediate Supervisor:				
Employment Dates	Total Time Yrs. & Mos.	Last Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time hrs/wk	Please list Reason for Leaving below:

Third last employer:

Employer's Name		Mailing Address	Zip Code	Phone No.
				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Held		Duties Performed:		
Immediate Supervisor:				
Employment Dates	Total Time Yrs. & Mos.	Last Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time hrs/wk	Please list Reason for Leaving below:

List additional employers on additional sheets, if necessary, for the past ten years. Include volunteer or other unpaid work.

REFERENCES:

These should be people with the ability to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any that are related to you. The SWCD reserves the right to contact all prior employers, educational institutions, or institutions where you have volunteered in addition to references listed below.

Name of Reference: _____ Phone Number: _____

Address: _____

Title: _____ Email _____

Name of Reference: _____ Phone Number: _____

Address: _____

Title: _____ Email _____

Name of Reference: _____ Phone Number: _____

Address: _____

Title: _____ Email _____

CRIMINAL CONVICTION:

The Goodhue SWCD declares that the existence of a criminal conviction will not automatically disqualify you from employment, though certain types of criminal conviction will prohibit you from working in certain departments. For further explanation, please contact the District Administrator.

Have you ever been convicted as an adult for a criminal violation? Yes No

If yes,
date and place: _____

Nature of Offense: _____

If more than one, please give same information for each offense:

PERSONAL STATEMENT:

Please indicate why you are interested in the position and why you would be a good candidate if selected.

I hereby certify that all answers to the above questions are true and I agree and understand any false statements contained in this application may cause rejection of this application or termination of employment. The Goodhue County Soil and Water Conservation District is authorized to request a transcript where necessary to verify any educational record.

Signature _____ Date _____

Data Privacy Notice

In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes 13.01 to 13.87), Goodhue Soil and Water Conservation District is required to inform you of your rights as they pertain to the information you provide when filling out this application for employment.

The information requested on this this application is intended to be used by Goodhue SWCD in determining suitability for employment for the position which you are currently seeking. 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 Goodhue SWCD being unable or unwilling to offer employment to you.

Under the law, the following data on you as an applicant is public (available to anyone who asks to see it):

- 1) Veteran Status
- 2) Relevant test scores
- 3) Your rank on our eligible list
- 4) Your job history
- 5) Your education and training
- 6) Your work availability

Under the law, the following data on you is private (available to you but not the public):

- 1) Name
- 2) Home address
- 3) Phone number(s)
- 4) Email address
- 5) Age group

Your name is considered private until you are certified eligible for appointment to a vacancy or considered by the appointing authority to be a finalist for a position in public employment.

For Goodhue SWCD purposes “finalist” means an individual who is selected to be interviewed by the appointing authority prior to selection. The information on this application which is classified as private data under the Minnesota Government Data Practices Act is only available to you and to other persons in the SWCD who have a justified need for the data. Private data will not be released without your consent except as necessary for tax purposes or otherwise required by state or federal law.

If you are hired by the Goodhue SWCD, you will be legally required to supply your social security number and all applicable tax information. This information will be sent to federal and state tax authorities and to the Social Security Administration and will enable us to compute your salary deductions.

By my signature, I certify I have read (or had read to me) the information printed above and understand its meaning.

Date: _____ Signature: _____

THIS FORM IS FOR VETERANS ONLY.

The Minnesota Veterans Preference Act (VPA) grants most Veterans a limited preference over non-Veterans in hiring and promotion for most Minnesota public employment positions, as granted in Minnesota Statutes 197.48, 43A.11, and 197.455. These statutes may apply to certain spouses of Veterans. The Minnesota VPA Statutes apply to Minnesota public employment, "civil service laws, charter provisions, ordinances, rules or regulations of a county, city, town, school district, or other municipality or political subdivision of this state."

Information about the Veterans Preference Applied can be found at <https://www.revisor.mn.gov/statutes/cite/197.455>.

If you feel you qualify and wish to apply for this preference, please fill in the information below and sign. Veterans Preference points cannot be considered without supporting documentation. Please attach your proof of eligibility to claim Veterans Preference (DD214).

Veterans Preference Points Application

Veteran's Name: _____

Birth Date: _____

Address: _____

Phone: _____

Position for which you applied: _____

Are you a US Citizen or Resident Alien:
 Yes No

Veteran (10 pts) (DD214 or DD215 must be submitted to receive points)

Honorably discharged veteran Yes No

For Disabled Veterans (15 pts) (DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)

Percent of disability : _____%

For Spouses of Deceased Veterans (5 pts, 10 if the veteran was disabled) (DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of activity duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran)

Date of Death: _____ Have you remarried? Yes No

For Spouses of Disabled Veterans (10 pts) (Attach DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points)

Due to the veteran's service-connected disability the veteran is unable to qualify for this position because:

(Be specific) _____

I hereby claim veteran's preference for this examination and affirm that the information on this document is true and correct to the best of my knowledge. I also authorize the release of necessary information by the Veterans Administration to Goodhue County Soil and Water Conservation District.

Signed _____ Date _____