

EMPLOYMENT APPLICATION

Thank you for considering Clatsop Soil and Water Conservation District in your job search. Clatsop SWCD is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status, sexual orientation or military service. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

CONFIDENTIAL

Please complete in dark ink, complete all questions, and sign your initials and name on the last page where indicated.

Date

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY AND STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	DATE YOU CAN BEGIN
E-MAIL ADDRESS	POSITION APPLIED FOR	SALARY DESIRED

LEVEL AND TYPE OF EDUCATION	SCHOOL NAME	CITY AND STATE	LAST YEAR COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL			__9 __10 __11 __12	__ YES __ NO
COLLEGE OR UNIVERSITY				DEGREE
OTHER SCHOOLS				CERTIFICATE OR LICENSE

SPECIAL SKILLS

Software Applications:

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
Starting Salary	From: _____ To: _____
Ending Salary	Essential Job Duties
Reason for Leaving	

GENERAL INFORMATION

May we contact your present employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have the legal right to work in the United States? (if hired, you will be required to provide identification to prove eligibility for employment)	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you been employed or attended school using any other name? If yes, please indicate Names previously used:	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have any employment restrictions resulting from a non-compete or confidentiality agreement? If yes, please explain:	<input type="checkbox"/> yes <input type="checkbox"/> no

ADDITIONAL INFORMATION:

Please use the space provided to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

Please read carefully, initial each paragraph and sign below:

_____ I certify that I have answered the above questions truthfully and have not withheld
initial any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

_____ I authorize Clatsop SWCD to thoroughly investigate my references, work record,
initial education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the District any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release Clatsop SWCD, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I authorize Clatsop SWCD to investigate whether I have a criminal record of
initial convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Clatsop SWCD has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

_____ If hired, I recognize the rules and policies of Clatsop SWCD. I understand that
initial my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of Clatsop SWCD or myself. I understand that the Chair of the District is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the District may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

_____ I understand and acknowledge that I will be required to submit to drug test and
initial possibly a physical examination. Additionally, I hereby authorize the release of the results of such tests or examination to Clatsop SWCD for their use in evaluating my suitability for employment. Further, I release the examining facility and Clatsop SWCD from any and all liability, and from any damage that may result from the release of such information.

Date

Signature

(Supplement to Employment Application)

(a) Important Information to Know Before Filling Out An Application for Employment With

CLATSOP SWCD

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate “see resume”.
2. If you are offered a position with Clatsop SWCD be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. Therefore please be sure that what you have written is correct.
3. If you have any questions about completing the application, please ask the Clatsop SWCD representative who has been assisting you.

Thank you for your cooperation.

Applicant Acknowledgement

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

Signature of Applicant

Date