



Helping the people of Marion County
conserve natural resources.

**MARION SOIL AND WATER CONSERVATION DISTRICT (MSWCD)
APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION

Incomplete information will disqualify you from further consideration.

Your last name	Your first name	Your middle name	Phone number
Street address	City	State	Zip code
Email:			

Position you are applying for?	Will you work full time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work part time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime, including weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hourly rate or salary desired?	Date available to begin?	Today's Date

Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age older? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Have you ever terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, please list below the dates and company names:

EDUCATION

	<i>Name and Location of School</i>	<i>Number of years attended</i>	<i>Degree received</i>	<i>Subjects studied or degree major</i>
<i>High School</i>				
<i>College or University</i>				
<i>Trade, Business or correspondence school</i>				
<i>Other School</i>				
<i>Other School</i>				

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Add pages if necessary.

Are you a "veteran" as defined under Oregon law (ORS 408.225(f))? Yes No

If you answer "yes" to this question, your service record should be reflected in the Work Experience section of your application.

Are you a "Disabled Veteran" as defined under Oregon law (ORS 408.225(c))? Yes No

If you answer "yes" to this question, your service record should be reflected in the Work Experience section of your application.

<i>From (date)</i>	<i>To (date)</i>	<i>Job Title</i>	<i>Hours per week</i>
<i>Employer name</i>		<i>Name and title of immediate supervisor</i>	
<i>Employer Address</i>		<i>Telephone</i>	<i>May we contact this employer? <input type="checkbox"/>Yes <input type="checkbox"/>No</i>
<i>Please summarize the nature of work performed and your responsibilities.</i>			
<i>Please describe your reason for leaving</i>			

<i>From (date)</i>	<i>To (date)</i>	<i>Job Title</i>	<i>Hours per week</i>
<i>Employer name</i>		<i>Name and title of immediate supervisor</i>	
<i>Employer Address</i>		<i>Telephone</i>	<i>May we contact this employer? <input type="checkbox"/>Yes <input type="checkbox"/>No</i>
<i>Please summarize the nature of work performed and your responsibilities.</i>			
<i>Please describe your reason for leaving</i>			

<i>From (date)</i>	<i>To (date)</i>	<i>Job Title</i>	<i>Hours per week</i>
<i>Employer name</i>		<i>Name and title of immediate supervisor</i>	
<i>Employer Address</i>		<i>Telephone</i>	<i>May we contact this employer? <input type="checkbox"/>Yes <input type="checkbox"/>No</i>
<i>Please summarize the nature of work performed and your responsibilities.</i>			
<i>Please describe your reason for leaving</i>			

SPECIAL SKILLS

<i>Please describe any special skills, experience, or training you have acquired that would help you perform the work required for this position.</i>

REFERENCES

Please provide the names and contact information for three people you have known for at least three years and who are not related to you.

Name	Phone:
	Email:
Name	Phone:
	Email:
Name	Phone:
	Email:

Please read carefully before signing

The Marion Soil and Water Conservation District prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the District. The District is an Equal Opportunity Employer. I understand that submitting this application does not establish any obligation for MSWCD to hire me. If I am hired, I understand that MSWCD or I can terminate my employment at any time and for any reason, with or without cause, and without prior notice. By my signature below, I attest that I have given to MSWCD true and complete information on this application. No requested information has been concealed. MSWCD has my permission to contact each prior employer listed above where I have answered Yes to the question, "May we contact your employer?" I authorize MSWCD to contact the references I provided in this application. If MSWCD finds any information I have provided herein is untrue, or if I have concealed material information, I understand my application for employment may be denied, or if I have been hired, may be cause for immediate dismissal.

THIS APPLICATION IS ONLY VALID FOR 60 DAYS FROM THE DATE SIGNED AND DATED BY THE APPLICANT

Signature	
Name (printed)	
Today's date	

OPTIONAL QUESTIONS

How did you hear about this position?

Walk-in

Advertisement

Referral

Other _____

Have you ever worked for us before?

Yes No

If yes, please explain.

Do you know anyone who works for Marion SWCD?