



**PIPESTONE SOIL & WATER
CONSERVATION DISTRICT**
APPLICATION FOR EMPLOYMENT
An Equal Opportunity/Affirmative Action
Employer www.pipestoneswcd.org

Pipestone Soil & Water
Conservation District
1016 8th Ave. SW
Pipestone, MN 56164
Phone: 507-825-1185
Fax: 507-825-6782

I. General Information

Pipestone SWCD welcomes you as an applicant. Your application will be considered in competition for this posted position. Please complete all sections of the Application for Employment. Do not mark your application "see resume". An incomplete application may reduce your opportunity for employment with Pipestone SWCD. Applications must be received by the application deadline. Late applications will not receive further consideration.

II. Equal Employment Opportunity

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

Upon request, accommodations will be provided to applicants in accordance with the American with Disabilities Act (ADA).

III. Data Privacy Notice

In accordance with the Minnesota Government Data Practices Act (Minnesota Statutes 13.01 to 13.87), Pipestone SWCD 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 Pipestone SWCD in determining 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 Pipestone SWCD being unable or unwilling to offer employment to you.

Under the law, the following data on you as an applicant is public. This means that it is available to anyone who asks to see it.

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

Under the law, the following data on you as an applicant is private. This means that is available to you, but not the public.

- | | | |
|-----------------|------------------|--------------|
| 1. Name | 3. Phone Numbers | 5. Age Group |
| 2. Home Address | 4. Email Address | |

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 Pipestone 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.

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

Signature _____ Date: _____

Please type or print using dark ink.

IV. Position Desired				
Position Applying For: _____				
V. Personal Information				
Name: _____ (Last) (First) (Middle)				
Address: _____ (Street) (City) (State) (Zip)				
Home Phone: _____ Cell Phone: _____				
Email Address: _____				
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of U.S. Citizenship or immigration status will be required upon employment)				
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you previously worked for an SWCD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates, location and position held _____				
List all other names under which you have been employed or under which your employment or educational records may be found: _____				
Type of Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Intermittent <input type="checkbox"/> Temporary If Part Time: specify hours and days desired: Hours: _____ <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun				
Date Available for Work: _____ Salary Desired: _____				
VI. Education				
Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name and location of last high school attended: _____				
Name and address of College, University, Technical, Professional, Business, Trade, Vocational or other School	Dates Attended	Course of Study	Did you Graduate?	Certificate or Degree
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
VII. Licensure				
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				
License number : _____ State: _____				
List Current licenses, registrations, or certificates relevant to the position for which you are applying.				
License Name/Number	Expiration Date	Licensing Agency/Organization		

VIII. Employment History			
List below all present and past employment, listing your current or most recent experience first. Attach additional sheets if necessary. A résumé may be attached, but will not be accepted in lieu of application (Do not write "See Resume")			
Current or Most Recent Employer:		Job Title:	
Employer Address:		Supervisor Name and Title:	
Phone Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____	Dates Employed: From: _____ To: _____	
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duties:			
Next Most Recent Employer:		Job Title:	
Employer Address:		Supervisor Name and Title:	
Phone Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____	Dates Employed: From: _____ To: _____	
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duties:			
Next Most Recent Employer:		Job Title:	
Employer Address:		Supervisor Name and Title:	
Phone Number:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per week _____	Dates Employed: From: _____ To: _____	
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duties:			

Comments (including explanation of any gaps in employment): _____

IX. Other Relevant Training and Experience				
List/describe any other training, experience, or relevant volunteer experience.				
X. Computer Experience				
List office machines you are familiar with and any computer software you are proficient in.				
XI. Veteran's Preference				
If you are a Veteran or the spouse of a disabled or deceased Veteran and wish to claim Veteran's Preference, complete the attached Veteran's Preference claim form and supply proof of your eligibility to claim a Veteran's Preference (DD214).				
XII. References				
List three people who are in a position to discuss your qualifications for this position. Indicate any who are related to you. The SWCD reserves the right to contact all prior employers, educational institutions or other organizations you have listed on this application, in addition to references listed below.				
Name	Occupation and Relationship	Address	Phone Number	# of Years Known
XIII. Criminal Background Information				
The SWCD may request information regarding criminal history in the event that you become a finalist for the position which you are applying for. For certain positions, criminal background information will be requested during the application stage. Further, the SWCD may conduct a criminal background check on individuals upon making a contingent job offer. If a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check are received and the content is acceptable to the SWCD and the appointing authority.				
XIV. Authorization and Understanding				
<p>I certify that the answers I have given on this application are true and correct. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute grounds for my immediate dismissal should I be employed by the SWCD. I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the SWCD Board or authorized appointing authority. Until such approval, the SWCD shall not be liable for my reliance on any oral or written offers of employment made to me. In connection with this application, I hereby authorize any and all current and former employers, organizations where I have volunteered, references named in this application, or any agent of such a current or former employer or volunteer organization, to release to Pipestone SWCD and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the SWCD 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 Pipestone SWCD and all current and former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said SWCD, former employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.</p>				
Applicant Signature: _____ Date: _____				

VETERAN'S PREFERENCE
COMPLETE THIS FORM ONLY IF YOU ARE A VETERAN AND ARE CLAIMING VETERAN'S PREFERENCE
A COPY OF DD214 MUST BE ATTACHED

You must submit a photocopy of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact your local County Veterans Service Office.

Pipestone SWCD operates under a point preference system which awards points to qualified veterans to supplement their applications. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a competitive exam, you must have been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, or by reason of disability incurred while serving on active duty, or after having served the full period called or ordered for federal active duty and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a promotional exam, a veteran must have received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing employment.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If your DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

Veteran's Name	Birth Date	Position for Which you Applied
Address	Phone Number	Are you a US Citizen or Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Pipestone SWCD.

Signature

Date