

LAC QUI PARLE-YELLOW BANK WATERSHED DISTRICT

APPLICATION FOR CLASSIFIED PERSONNEL POSITION

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Lac qui Parle-Yellow Bank Watershed District 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.

II. DATA PRIVACY NOTICE

The information requested on this application is intended to be used by Lac qui Parle-Yellow Bank Watershed 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 Lac qui Parle-Yellow Bank Watershed District being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, Lac qui Parle-Yellow Bank Watershed may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside Lac qui Parle-Yellow Bank Watershed District without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

III. POSITION DESIRED

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

IV. PERSONAL DATA

Name _____
Last First Middle

Address _____ Home Phone _____ - _____ - _____
Street City State Zip Alternate Ph. _____ - _____ - _____

Are you either a U.S. citizen or legally eligible
to hold employment in the United States? Yes _____ No _____
Have you previously worked for Lac qui Parle-Yellow Bank Watershed District? Yes
_____ No _____

If yes, position held/department: _____
If yes, under what name may your previous employment records be found? _____

Do you have any special needs which may necessitate accommodations in the application/ interview process? Yes _____ No _____

If yes, please describe the type of accommodation requested:

List all other names under which you have been employed or under which your employment or educational records may be found.

V. WORK/VOLUNTEER EXPERIENCE

List *all* work and volunteer experience, most recent to be listed first.

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Attach additional sheets if necessary.

VI. LICENSURE

List current licenses, registration, or certificates relevant to the position for which you are applying.

<u>License/No.</u>	<u>Issued By</u>	<u>Date</u>	<u>Expiration</u>

All applicable licenses or certifications must be received in the Personnel Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

List/describe any other training and/or experience relevant to the position for which you are applying: _____

VIII. REFERENCES: These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or head of departments under whom you have worked. Indicate any who are related to you. Lac qui Parle-Yellow Bank Watershed District 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: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____ Title: _____

X. VETERAN STATUS

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points? Yes _____ No _____

Do you wish to claim Veteran's Preference Points? Yes _____ No _____

If you are a disabled veteran and wish to claim additional points, please check here. _____

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attached DD214 form or forward it within five (5) business days.

XI. PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment? _____
If so, identify the employer and describe the circumstances:

XII. PERSONAL STATEMENT

Please indicate why you are interested in the position and what you hope to accomplish if selected. _____

XIII. UNEXCUSED ABSENCES FROM WORK

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family? _____

In connection with this application I hereby authorize any and all former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such a former employer or volunteer organizations, to release to Lac qui Parle-Yellow Bank Watershed District and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that Lac qui Parle-Yellow Bank Watershed District 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 Lac qui Parle-Yellow Bank Watershed District and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of Lac qui Parle-Yellow Bank Watershed District, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date _____ Signature _____

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