



CLACKAMAS COUNTY SOIL AND WATER CONSERVATION DISTRICT APPLICATION FOR EMPLOYMENT

Personal Information

Incomplete or inaccurate information could disqualify you from further consideration.

<i>Your last name</i>	<i>Your first name</i>	<i>Your middle name</i>	<i>Phone number</i>
<i>Street address</i>	<i>City</i>	<i>State</i>	<i>Zip code</i>
<i>Position you are applying for</i>	<i>Will you work full time?</i> YES NO		<i>Will you work part time?</i> YES NO
<i>Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?</i> YES NO	<i>Will you work any shift?</i> YES NO		<i>Will you work overtime, including weekends?</i> YES NO
<i>Hourly rate or salary desired</i>	<i>Date available to begin work</i>	<i>Today's date</i>	
<i>Are you legally eligible for employment in the United States?</i> YES NO	<i>Are you 18 years of age or older?</i> YES NO		<i>Do you have a valid driver's license?</i> YES NO

During the last ten years, have you been convicted of a crime other than a minor traffic offense? A conviction does not automatically disqualify you for employment. Rather, factors such as age of the conviction, nature of the crime, and rehabilitation will be considered. YES NO

If you answered yes, please list below the dates and locations for all convictions:

Have you ever been terminated from employment or asked to resign by an employer? YES 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 7 years of employment history, including periods of unemployment, starting with the most recent.

<i>From (date)</i>	<i>To (date)</i>	<i>Employer</i>	<i>Telephone</i>
<i>Job title</i>		<i>Employer address</i>	
<i>Your hourly rate or salary</i>	<i>Name and title of immediate supervisor</i>	<i>Please describe your reason for leaving</i>	<i>May we contact this employer?</i> YES NO
<i>Please summarize the nature of the work performed and your job responsibilities</i>			

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<i>Your hourly rate or salary</i>	<i>Name and title of immediate supervisor</i>	<i>Please describe your reason for leaving</i>	<i>May we contact this employer?</i> YES NO
<i>Please summarize the nature of the work performed and your job responsibilities</i>			

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

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.

<i>Name</i>	<i>Address, Phone, Email</i>

Please read carefully before signing.

The Clackamas County 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 CCSWCD to hire me. If I am hired, I understand that CCSWCD 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 CCSWCD true and complete information on this application. No requested information has been concealed. CCSWCD has my permission to contact each prior employer listed above where I have answered Yes to the question, "May we contact your employer?" and I authorize CCSWCD to contact the references I provided in this application.

If CCSWCD 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 valid for 60 days from the date signed by the applicant.

<i>Your signature*</i>	
<i>Your name (printed)</i>	
<i>Today's date</i>	

**If completing this application on a computer, please type /S/ and your name. For example: /S/ Jane Doe.*

Optional Questions

These are optional questions. Failure to answer any or all optional questions will not affect your application.

<i>How did you hear about this position?</i>	Walk-in Advertisement Referral OTHER
<i>Have you ever worked for us before?</i>	YES NO If Yes, please explain
<i>Do you know anyone who works for CCSWCD?</i>	YES NO If Yes, who?