

CONSERVATION DISTRICT

EMPLOYMENT APPLICATION

Please print clearly or type

Social Security Number: _____ Date of Application: _____

Name: _____
Last First Middle

Mailing Address: _____
Street Address, Apt # City State Zip Code

Day Telephone: _____ Evening Telephone: _____

Position Desired: _____

Indicate the conditions under which you will accept employment (Yes or No - If blank, Yes is assumed)

Full Time: _____ Part Time: _____ Travel: _____ (Travel may include regular overnight or across town assignments)

Are you at least 18 years of age? _____

Do you have a valid Oklahoma driver's license? _____ Driver's license number: _____

Voluntary Applicant Survey

The information requested will be used to assist the Conservation District in complying with state and federal record keeping and reporting requirements. Please provide accurate information. Your cooperation is important and appreciated. For affirmative action purposes, state law requires any person who lists American Indian as his/her race or ethnic group to verify tribal affiliation by providing a certificate of Degree of Indian Blood from the U. S. Department of Interior, Bureau of Indian Affairs, or by providing the name and address of tribal officials who can verify tribal affiliation.

Sex: _____ (M or F)

- 1. _____ Black (not of Hispanic origin)
2. _____ Asian or Pacific Islander
3. _____ American Indian or Alaskan Native
4. _____ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race)
5. _____ White (not of Hispanic origin)

The _____ Conservation District is an Equal Opportunity Employer

Name: _____ Social Security Number: _____

EDUCATIONAL BACKGROUND

Are you a high school graduate or have you passed a general education development (GED) test? Yes _____ No _____

Are you fluent in any language other than English? List all _____

List colleges, universities or professional schools attended. If more space is needed, attach additional copies of this page. (Transcripts may be required)

School Name Location	From Month/Year	To Month/Year	Major/Minor or Course of Study	Hours Completed	Degree	Date Completed

List any other job-related training or coursework: (vocational, trade, governmental, business, Armed Forces, etc.)

School Name Location	From Month/Year	To Month/Year	Major/Minor or Course of Study	Hours Completed	Degree	Date Completed

List job-related licensure, registration or certification (engineer, teacher certification, etc.)

License, Registration or Certification	Number	Date Received	Expiration Date	Licensing Agency or Board

STATEMENT OF CERTIFICATION By signing this application I certify the facts contained in this application are true and complete to the best of my knowledge. I understand that if I become employed, falsified statements on this application may be grounds for dismissal and/or removal from consideration for eligibility for other employment opportunities at the Conservation District Specifically, I authorize the Conservation District to make all necessary and appropriate investigations allowable by law to verify the information provided. I understand that if I am hired I will be required to show proof that I have legal right to work in the U.S.A. in accordance with the Immigration Reform and Control Act of 1986.

 Sign Your Name Here Date
 Name: _____ Social Security Number: _____

EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and volunteer work. List each promotion or transfer as a separate job, even if they were with the same employer. If needed, attach additional copies of this page. All information in this section must be completed. Resumes cannot be used as a substitute for the completed application. Employers and supervisors may be contacted regarding your work experience.

Employer's Name and Address _____

Exact Title of Your Position _____

From (Month / Year) _____ To (Month / Year) _____ Average Hours Per Week _____

Duties (Be specific – attach extra signed and dated sheets, if necessary): _____

Approximate Ending Salary _____ Supervisor's Name and Title _____

Number and Occupation of Employees you Supervised _____

Reason for Leaving _____

Employer's Name and Address _____

Exact Title of Your Position _____

From (Month / Year) _____ To (Month / Year) _____ Average Hours Per Week _____

Duties (Be specific – attach extra signed and dated sheets, if necessary): _____

Approximate Ending Salary _____ Supervisor's Name and Title _____

Number and Occupation of Employees you Supervised _____

Reason for Leaving _____

Sign Your Name Here _____ Date _____
Name: _____ Social Security Number: _____

REFERENCES

Please provide three references below. References may be contacted.

Name _____

Address _____

Phone _____ Relation _____

Name _____

Address _____

Phone _____ Relation _____

Name _____

Address _____

Phone _____ Relation _____
