



Muskingum Soil and Water Conservation District  
225 Underwood Street, Suite 100, Zanesville, Ohio 43701  
Phone 740-454-2027, Fax 740-454-1451  
[www.muskingumswcd.org](http://www.muskingumswcd.org)

## Application for Employment

An Equal Opportunity Provider and Employer

The SWCD prohibits discrimination in any program activity or employment on the basis of race, color, national origin, sex, religion, age, disability, retaliation, political beliefs, sexual orientation, marital or family status, or genetic information. Persons with disabilities who require alternative means of communication (Braille, large print, etc.) or who need special accommodations should contact the SWCD office at (740) 454-2027. Any applicant, who feels that he or she has been discriminated against in some manner, is encouraged to report the incident immediately to the Appointing Authority. Please note that this completed form will become a public record when submitted to the MSWCD.

**Instructions: Please print legibly.** Your interest in employment with the MSWCD is appreciated. This application is the initial step in the selection process and will help the MSWCD assess your qualifications, work history, experience and training. You must complete this application, in full, to be considered for employment. If you have a resume, you may attach it to the application form, however, you must still complete this application form. If there is insufficient space available to adequately provide the information requested, you may use an additional paper and attach it to the back of this form. If you need assistance completing this form because of a disability, please request that the official provide someone to assist or you may request some other reasonable accommodation.

Date of Application: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Phone No.: \_\_\_\_\_ Cell/Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Employment Information

Position applying for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

How did you hear about this position: \_\_\_\_\_

Date you can start: \_\_\_\_\_ Full time or part time? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

If you are under 18 years of age, can you furnish a work permit? \_\_\_\_\_

List any schedule restrictions: \_\_\_\_\_

Currently employed? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Do you have any secondary employment that will continue if you are hired by the MSWCD? \_\_\_\_\_

If yes, list the nature of the secondary employment: \_\_\_\_\_

Ever been employed by Muskingum SWCD before? If yes, date: \_\_\_\_\_

**Education**

School Level	Name and Location of School	Course of Study	Did you graduate or degree obtained? Date
High School			
Undergraduate College			
Graduate or Professional			
Any Other Education (specify)			

**Training and Other Qualifications**

Subject or Title of Training	Course Work Area	Length of Training

List any special equipment or machines you can operate: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List computer software in which you have skills, including word processing, spreadsheets, database programs, web page design, graphic design, GIS, and /or engineering software. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any additional relevant skills you have: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Licenses, Registrations, and Certificates**

(Be sure to include any valid driver's license if required for job)

License/Certificate Issued by	Field/Trade/Specialization	License/Certificate #	Expires

## Employment Experience

List each job held. Start with your **present** or **most recent** job. You may include volunteer activities but exclude any organizations that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status. If you need additional space, attach extra copies of this page.

Employer:	Dates			Job Duties:
	From	To		
Address:				
Job Title:	Hour Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:	Phone:			May we contact?
Employer:	Dates			Job Duties:
	From	To		
Address:				
Job Title:	Hour Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:	Phone:			May we contact?
Employer:	Dates			Job Duties:
	From	To		
Address:				
Job Title:	Hour Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:	Phone:			May we contact?
Employer:	Dates			Job Duties:
	From	To		
Address:				
Job Title:	Hour Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:	Phone:			May we contact?
Please explain any gaps in employment:				
Have you ever been fired or asked to resign from a job? If yes, please explain.				

**References**

Please provide the names and contact information of three professional references who are not related to you and are not previous supervisors. If professional reference are not available, provide school or personal references who are not related to you.

Name	Title	Relationship	Telephone	Years Known

**Summary of Qualifications**

In the area below, describe briefly the experience, education, training, and other factors that qualify you for the position for which you are applying. Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

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**Applicant Statement and Signature**

I certify that all information I have provided in order to apply for and obtain employment with Muskingum SWCD is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility for any employment with Muskingum SWCD and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from MSWCD service, whenever it is discovered. I give Muskingum SWCD the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency, or individual assisting Muskingum SWCD in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, Muskingum SWCD, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Muskingum SWCD, its agents, member or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background criminal investigation, physical, psychological, polygraph, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that, unless otherwise defined by applicable law, any employment relationship with Muskingum SWCD is of an "at will" nature, which means that I am free to resign at any time and Muskingum SWCD reserves the same right to terminate my employment at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment, including, but not limited to hours, benefits and salary are subject to change by Muskingum SWCD at any time. I understand that no representative of Muskingum SWCD is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the appropriate Appointing Authority.

**DO NOT SIGN UNTIL YOU READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date