

Data of Applications

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

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 Appli	Calion						
		Pe	ersonal Information				
Name:	Last		First		Mic	ddle	
Address:							
	Number	Street	City		State	Zip	
Phone No.:			Cell/Alternate	Phone:			
Email Addres	ss:						
		Emp	oloyment Information				
Position applying for:			Sala	Salary Desired:			
How did you	hear about this po	sition:					
Date you can start:			Full t	ime or part time	?		
Are you legal	lly eligible for empl	oyment in the Uni	ted States?				
If you are und	der 18 years of age	e, can you furnish	a work permit?				
List any sche	dule restrictions: _						
Currently em	ployed?		If so, may we inquire	of your present	employer?		
Do you have	any secondary em	ployment that will	I continue if you are h	ired by the MSV	VCD?		
If yes, list the	nature of the seco	ondary employme	nt:				
Ever been en	nployed by Muskin	gum SWCD or ar	nother SWCD before?	If yes, date:			

Education

School Level	Name and Loc	ation of School	Course of Stud		oid 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 Wor	rk Area	Leng	th of Training
List any special equi	pment or machine	s you can operate:			
List computer softwa	are in which you ha	ave skills, including w	ord processing, spre	adsheets,	database programs,
List computer softwa web page design, gra	are in which you ha	ave skills, including w	ord processing, spre software	adsheets,	

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.

	Dates		
Employer:	From	To	Job Duties:
Address:			
7.00.000.	Hour Rate	e/Salary	
Job Title:	Starting	Final	
	J. G. Lan III. 19		
Supervisor:			
·	Phone:		May we contact?
Reason for Leaving:			•
	Date		
Employer:	From	То	Job Duties:
Address:			
1.1. 📆	Hour Rate		
Job Title:	Starting	Final	
Cuparvinar			
Supervisor:	Phone:		May we contact?
Reason for Leaving:	Filone.		way we contact?
Treason for Leaving.	Date	00	
Employer:	From	es To	Job Duties:
Employer.	1 10111	10	Job Builes.
Address:			
7100000	Hour Rate	e/Salarv	
Job Title:	Starting	Final	
	3		
Supervisor:			
	Phone:		May we contact?
Reason for Leaving:			
	Date	es	
Employer:	From	То	Job Duties:
Address:		(2)	
1.1. 📆	Hour Rate		
Job Title:	Starting	Final	
Cuparticori			
Supervisor:	Phone:		May we contact?
Reason for Leaving:	Filone.		way we contact?
Please explain any gaps in employment:			
Tiease explain any gaps in employment.			
Have you ever been fired or asked to resign from a job? If ye	es, please expl	ain.	
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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

factors that qualify you for the powould reveal race, color, religion	Summary of Interest in employment with the Mastion for which you are applying , sex, national origin, citizenship, Attach another page if necessary	that are not already reflected in you age, mental or physical disabilitie	our application. Exclude in	nformation that
	A and line and Other			
	Applicant Sta	tement and Signature		
I agree and understand that omis with Muskingum SWCD and may service, whenever it is discovere application process. Permission SWCD in providing relevant, job-SWCD, its representatives, mempublic agencies, licensing author application. I hereby waive any a	e provided in order to apply for an assions, misstatements, and falsific be cause for rejection of this apply. It is granted and I release from any related information that will assist thers or agents to contact and obtained and all rights and claims I may hat the information and all other personance.	cations will cause forfeiture on my olication, removal of my name fror right to investigate and verify any and all liability any employer, ag t in this process. I expressly auth ain information from all reference and to otherwise verify the accura ve regarding Muskingum SWCD,	part of all eligibility for an eligibility lists, or dischal information obtained throughney, or individual assisting orize, without reservation, s (personal and professionary of all information providits agents, member or rep	y employment rge from MSWCD ugh the ng Muskingum Muskingum nal), employers, ded by me in this presentatives, for
investigation, physical, psycholo- licensure or credentials, and auti- applicable law, any employment and Muskingum SWCD reserves or contract for employment for ar limited to hours, benefits and sal Muskingum SWCD is authorized	oloyment may be contingent upon gical, polygraph, and/or drug and norization for employment in the L relationship with Muskingum SW6 the same right to terminate my en specified period or definite dura ary are subject to change by Mus to make any assurances to the c valid unless they are in writing an	alcohol screen. If employed, I ag Jnited States. If I am hired, I undo CD is of an "at will" nature, which employment at any time. This appation. I understand that all conditions kingum SWCD at any time. I uncontrary and that no implied, oral of	gree to provide proof of ide erstand that, unless other means that I am free to re plication does not constitut ions of employment, included derstand that no represent or written agreements cont	entity, relevant wise defined by esign at any time e an agreement ding, but not ative of
DO NOT SIGN UNTIL YOU REA	AD THE ABOVE APPLICANT ST	ATEMENT.		
I certify that I have read, fully und	derstand, and accept all terms of t	the foregoing Applicant Statemen	t.	
Applicant's Signature			Date	