

Pickaway Soil and Water Conservation District
 110 Island Road Suite D
 Circleville Ohio 43113

**Application for
Employment**

P E R S O N A L	Last Name	First	Middle Initial	Date
	Street Address			Home Telephone
	City, State, Zip			Other Telephone
	Have you ever applied for employment with another SWCD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
	Position Desired			Pay Range Desired
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (machines, computer software, public speaking, etc.)			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate					
	College					
	Business/ Trade/ Technical					
	High School					

Membership in Professional or Civic Organizations <i>(Exclude those which may disclose your race, color, religion or national origin)</i>

The Pickaway Soil and Water Conservation District is an equal employment opportunity employer. All employment decisions are made without regard to race, sex, age, color, national origin, religion, or disability.

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with you present or most recent employer.

1	Company Name	Telephone
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

MILITARY	Are you currently a member of the United States Military?	Yes No	If "Yes", in what Branch?
If you served or are now serving in the military, describe any training received relevant to the position for which you are applying.			

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe in full.			

List agricultural and other related experience not listed above _____

REFERENCES	
List name, address, and telephone number of three references and years known (not relatives):	
1	_____
2	_____
3	_____

At Will Employment. I acknowledge that if hired, I will be an at will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of Pickaway Soil and Water Conservation District. I understand that no representative of Pickaway Soil and Water Conservation District, other than the current board of supervisor chairperson, has authority to change the terms of an at will employment and that any such change can occur only in a written employment contract.
 _____ Initials

Authorization. I authorize release of employment, salary, education, and other related records to Pickaway Soil and Water Conservation District for the purpose of checking my references and verifying my employment and educational history. Further, I release former employers and other organizations from any liability for providing this information. _____ Initials

Accuracy. I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge. _____ Initials

_____ Date

_____ Signature of Applicant