



Benton Soil and Water CONSERVATION DISTRICT

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Incomplete information will disqualify you from further consideration.

Last name	First name	Middle name	Phone number
List other legal names you have used			
Street address	City	State	Zip code

Position you are applying for	Will you work full time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work part time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work extended hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work occasionally on evenings and/or weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
Hourly rate or salary desired	Date available to begin work	Today's date

Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you a United States Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, please list below the dates and company names:

EDUCATION	Name and location of school	Number of years attended	Degree received	Subjects studied or degree major
High school				
College or university				

Trade, business, or correspondence school				
Other school or military training				
Other school or military training				

EMPLOYMENT HISTORY

Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time.

From (date)	To (date)	Employer	Telephone
Job title		Employer address	
Name and title of immediate supervisor		Describe reasons for leaving.	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered no, please explain why not
Please summarize the nature of the work performed and your job responsibilities			

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Please summarize the nature of the work performed and your job responsibilities			

If needed, please attach an additional sheet to list all of employment history for last ten years.

Please describe any special skills, experience, or training, including any relevant military service skills, 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 worked with directly in your professional career for at least three years, and who are not related to you.

Name	Address, Phone, Email

OPTIONAL QUESTIONS

How did you hear about this position?	
Website	Advertisement Referral Other_____
Have you ever worked for us before?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please explain.	
Do you know anyone who works for BSWCD?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, who?	

NOTE: This application is only valid for 60 days from the date signed by the applicant and for the job position and job opening applied for. To be considered for other job positions or job openings, you must submit a new application. Completed applications must be received by 4:00pm on the closing date.

Equal Employment Opportunity

Benton Soil and Water Conservation District (BSWCD) is an equal opportunity employer. BSWCD does not discriminate in employment on the basis of race, color, national origin, religion, age, disability, gender, sexual orientation, gender identity, military service, marital status, parental status, or any other non-merit factor.

456 SW Monroe Ave.; Suite 110; Corvallis, OR 97333
phone: 541.753-7208; www.bentonswcd.org

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE FULLY COMPLETED, SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING.

1. All answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false, misleading, or incomplete information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize the District to obtain information about me from any of the prior employers or persons named in this application, including those provided by me as references. I also agree to sign an authorization releasing these prior employers and persons of liability for providing such information.

Please initial: _____

2. I understand that if I am offered employment, I will be required to pass a criminal history check and may also be required to pass a driver's record check, credit check, pre-employment drug screen, and/or physical as a condition of being hired, depending on the position for which I am applying and consistent with applicable laws.

Please initial: _____

3. I understand that if I am hired, I will be responsible for understanding all policies, procedures and rules of the District as they presently exist or are later modified. I also understand that except as otherwise provided in a written employment agreement signed by the Executive Director, my employment with the District will be terminable at-will for any reason and at any time without notice, at the option of the District or myself, except as prohibited by applicable law.

Please initial: _____

4. I also understand that nothing in this application, the interview, or hiring process or in an offer of employment creates a contract for employment or continued employment with the District, and that no representative of the District has any authority to change my at-will employment status or to otherwise enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a written agreement signed and dated by the Executive Director.

Please initial: _____

I have read and understand all of the above statements.

<i>Signature</i>
<i>Name (printed)</i>
<i>Today's date</i>