

UPPER MINNESOTA RIVER WATERSHED DISTRICT

APPLICATION FOR EMPLOYMENT

It is important that you answer all questions on this application fully and truthfully, as failure to do so may delay consideration for employment or result in loss of employment opportunities. If an item does not apply to you, write NA (not applicable). Type or print in ink.

The Upper Minnesota River Watershed District (UMRWD) complies with local, state and federal equal employment opportunity guidelines which prohibit discrimination based on race, religion, gender, color, national origin, handicap/disability, age, sexual orientation, creed and marital status.

Applications can be returned to: **Upper Minnesota River Watershed District**
211 2nd Street SE, Ortonville, MN 56278 or
dianne.radermacher@midconetwork.com

PERSONAL

Last Name:	First:	Middle:	Home Phone:
Street Address:			Work Phone:
City, State, Zip Code:			Message Phone:

Position Applying For:	
Salary Expected:	Date you can begin:
Days and hours available for work:	
How did you learn about this position? (please specify)	
Have you ever been convicted of any offense(s) other than minor traffic violations? _____ yes _____ no If yes, explain:	
A valid driver's license is required for this position. State: _____ Type: _____ Expiration Date: _____	
List all traffic violations in the past three years:	
Ever had a driver's license revoked? _____ yes _____ no	If yes, explain:
May we contact you at work? _____ yes _____ no	If yes, when is the best time to contact you at work?
May we contact your present employer? _____ yes _____ no	Comments:

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EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: Grade School 1, 2, 3, 4, 5, 6, 7, 8 High School 9, 10, 11, 12 College 1, 2, 3, 4 Graduate 1, 2, 3, 4
 If you received a GED, indicate date and issuing authority: _____

School	Name and Location	Date Attended		Major Subject	Degree
High School		N/A	N/A		
Undergraduate College					
Graduate College					
Vocational Business					
Other					

Certifications:

Describe any specialized training, apprenticeship, skills and extra-curricular activities you have undertaken:

MILITARY

Have you ever served in the armed forces? _____ yes _____ no If yes, what branch? _____

Tours of duty _____ to _____ Rank at discharge: _____
 mo/day/year mo/day/year

VETERAN'S PREFERENCE (Complete this section *only* if you are claiming Veteran's Preference). Have you entered into covered employment by a covered employer after having claimed preference since October 1, 1987? _____ yes _____ no

If yes, give name of employer: _____

If you claim Veteran's Preference, check the type below. Attach copies of the required documents to your application to support your claim. (Documents will not be returned).

1.	Veteran of a WARTIME ERA - Requires (A) DD214 or other document showing dates of service and type of discharge.
2.	Disabled Veteran – Requires (A) and (B) letter of service connected disability from the V.A.
3.	Veteran's Widow – Requires (A) and marriage and death certificates, and statement saying not remarried.
4.	Disabled Veteran's Spouse – Requires (A) and (B), evidence of marriage to the veteran, a statement that the spouse is still married at the time of application, and proof that the disabled veteran can qualify for employment because of disability.
5.	Permanently Disabled Veteran – Requires (A) indicating veteran is permanently disabled, or (A) and letter from V.A. indicating that the veteran is permanently disabled.

Veterans' Preference documentation must be submitted at the time of initial application. If any preference-eligible applicant claiming Veterans' Preference for a vacant position is not selected for the position, they have the right to an investigation by the Division of Veterans' Affairs if a non-preference eligible applicant is appointed to a position. In order to commence the investigation, the applicant must file a written complaint addressed to the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, it is the responsibility of the veteran to contact the employer within two months of the application to determine if the position has been filled. For further information, contact the Department of Veterans' Affairs.

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EMPLOYMENT

THIS SECTION MUST BE COMPLETED **REGARDLESS** OF WHETHER OR NOT A RESUME IS ATTACHED.

Beginning with your **PRESENT** or most recent employment, list in **REVERSE ORDER** ALL periods of employment. Each time you changed jobs or your title changed that should be listed as a separate period. Be sure to describe your military experience, if any. Describe in detail your specific duties beginning with your primary duties. (Attach additional sheets of necessary.)

1	Employer:				Address:						
	Your Official Title:				Supervisor's Name & Title:				Phone Number:		
From Month Year		To Month Year		Total Months	If part-time, number of Hours worked per week		Beginning Salary		Ending Salary		
							\$	per	\$	Per	
Reason for leaving:											
Describe your duties in detail:											
2	Employer:				Address:						
	Your Official Title:				Supervisor's Name & Title:				Phone Number:		
From Month Year		To Month Year		Total Months	If part-time, number of Hours worked per week		Beginning Salary		Ending Salary		
							\$	per	\$	Per	
Reason for leaving:											
Describe your duties in detail:											

3	Employer:				Address:					
Your Official Title:				Supervisor's Name & Title:				Phone Number:		
From Month Year		To Month Year		Total Months	If part-time, number of Hours worked per week	Beginning Salary		Ending Salary		
						\$	per	\$	Per	
Reason for leaving:										
Describe your duties in detail:										
4	Employer:				Address:					
Your Official Title:				Supervisor's Name & Title:				Phone Number:		
From Month Year		To Month Year		Total Months	If part-time, number of Hours worked per week	Beginning Salary		Ending Salary		
						\$	per	\$	Per	
Reason for leaving:										
Describe your duties in detail:										
5	Employer:				Address:					
Your Official Title:				Supervisor's Name & Title:				Phone Number:		
From Month Year		To Month Year		Total Months	If part-time, number of Hours worked per week	Beginning Salary		Ending Salary		
						\$	per	\$	Per	
Reason for leaving:										
Describe your duties in detail:										

SPECIAL SKILLS

List special skills you have relevant to the position:

Why do you feel you are qualified for this position?

PROFESSIONAL REFERENCES

Please list three people who are not relatives who can comment on your past work experience.

(1) Name _____
Address _____
Occupation _____
Home Phone _____ Work Phone _____

(2) Name _____
Address _____
Occupation _____
Home Phone _____ Work Phone _____

(3) Name _____
Address _____
Occupation _____
Home Phone _____ Work Phone _____

APPLICANT'S CERTIFICATION AND AGREEMENT

AGREEMENTS:

PROBATION PERIOD – It's understood that I shall be considered a probationary employee for no less than six months or longer if necessary. I may be discharged or laid off before the expiration of that period without recourse, in accordance with the Upper Minnesota Watershed District's Policies and Procedures. After the specified probationary period I further understand that I will serve the Upper Minnesota River Watershed District as an at-will employee.

STATEMENT BY APPLICATION – I hereby authorize my former employers to furnish their records of any service, my reason for leaving their employment, together with all employment-related information they may have concerning me. I also authorize educational institutions to furnish their records of education-related information they may have concerning me. It is agreed that any misrepresentation by me in this application will be sufficient cause for its cancellation or for dismissal from the Upper Minnesota River Watershed District if I am employed.

YES **NO**

I hereby certify the facts set forth in the above employment application are true and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Thank you for completing this application form and for your interest in employment with the Upper Minnesota River Watershed District.

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the Upper Minnesota River Watershed District (UMRWD) is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment with UMRWD. All data collected is considered private except for the following:

1. Your veteran's status
2. Relevant test scores
3. Your rank on our eligibility list
4. Your job history
5. Your education and training
6. Your work availability

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information. The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of UMRWD. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, to appropriate Board members, and others as provided by state and federal law who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data. Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the UMRWD in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the GBERBA to monitor protected class employment and to meet federal, state, and local reporting requirements.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Applicant Signature

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