

Date Received: _____



APPLICATION FOR EMPLOYMENT

Lake Minnetonka Conservation District (LMCD)
5341 Maywood Road, Suite 200
Mound, MN 55364
(952) 745-0789

We welcome you as an applicant for employment. Your application will be considered for the position you specify. Qualified applicants are considered for positions without regard to race, color, creed, national origin, sex, age, religion, marital status, political affiliation, disability, sexual orientation, or public assistance status.

Title of specific position for which you are applying:			Date of Application:	Date Available for Work:
Last Name:	First:	Middle:	TYPE OF EMPLOYMENT DESIRED:	
Are you under the age of 18?	Yes	No	(Check One) Permanent Temporary	(Check One) Full-Time Part-Time
Residence Home Phone: _____ Residence Cell Phone: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Business Phone: _____ May we call at work? Yes No Email: _____			Have you been previously employed by the LMCD? Yes No If yes, date: _____ Position: _____	
If position involves driving, please indicate Driver's License Number: _____ State: _____ Class: _____			Do you have any relatives working for the LMCD, excluding a spouse? Yes No If yes, relationship: _____	

Relevant, current, professional memberships, registrations or licenses and dates first issued:

EDUCATION

Did you graduate from high school or receive a GED?

Yes No Name of School: _____

How many years of education have you completed: (Check one)

7 8 9 10 11 12 13 14 15 16 17 18 19 20

Name of College, University, Technical/Vocational/Business Schools	Quarter Hours Completed	Degree Received	Major	Minor

List any correspondence courses, special courses, seminars, workshops, and training that might be related to this position:

JOB RELEVANT VOLUNTEER EXPERIENCE

Volunteer Activity	Work Performed	Number of Hours per Month

MILITARY SERVICE

Are you a veteran of the U.S. Military Service? Yes No

If yes, what branch of Service? _____

Did you serve on Active Duty for 181 consecutive days? Yes No

Did you receive an Honorable Discharge? Yes No

EMPLOYMENT HISTORY

Experience and training ratings are determined by this information; please be complete. List your present or most recent experience first. Attach additional sheets if necessary.

Employer 1: _____

Address _____

Phone Number _____ Supervisor _____

Your Title _____ Supervisor's Title _____

Number and type of positions you supervised:

% of time spent in each
area of responsibility

Principal Responsibilities (be complete)

LENGTH OF EMPLOYMENT

From _____

Month Year

To _____

Month Year

Total _____

Years Months

Hours per week _____

Last salary _____

Reason for leaving:

May we contact your present
employer? Yes No

If no, explain:

Employer 2: _____

Address _____

Phone Number _____ Supervisor _____

Your Title _____ Supervisor's Title _____

Number and type of positions you supervised:

% of time spent in each
area of responsibility

Principal Responsibilities (be complete)

LENGTH OF EMPLOYMENT

From _____

Month Year

To _____

Month Year

Total _____

Years Months

Hours per week _____

Last salary _____

Reason for leaving

Employer 3: _____

Address _____

Phone Number _____ Supervisor _____

Your Title _____ Supervisor's Title _____

Number and type of positions you supervised:

% of time spent in each
area of responsibility

Principal Responsibilities (be complete)

LENGTH OF EMPLOYMENT

From _____

Month Year

To _____

Month Year

Total _____

Years Months

Hours per week _____

Last salary _____

Reason for leavin^a

CLERICAL APPLICANTS ONLY:

Typing Speed: _____ WPM

Word Processing/ Computer Experience:

Number of Years: _____ Specify Programs: _____

Describe any additional experience or skills, which qualify you for this job.

IMPORTANT FACTS FOR YOU TO KNOW CONCERNING YOUR APPLICATION

Any information about yourself that you provide to the LMCD during the application process will be used to identify you as an applicant and to assess your qualifications for employment with the LMCD. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. Your refusal to supply information requested by the LMCD may mean that your application will not be considered for employment. If you are employed, individuals in the LMCD who need information from your application will have access to it. This data will also be provided to persons authorized to have access under State or Federal law; persons authorized by court order to have access to the information; and persons to whom you consent in writing to have access to the information.

Materials submitted in support of an application are normally not returned. You should not submit an original document if it is your only copy.

I authorize investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision. I certify that all answers to the above questions are true and understand that any false information on or omission of information from this application will be cause for rejection of this application or termination of employment without notice or benefits.

Applicant's Signature

Date