



Date Received: _____

APPLICATION FOR EMPLOYMENT

Lake Minnetonka Conservation District (LMCD)
23505 Smithtown Road, Suite 120
Shorewood, MN 55331
(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 (Do not specify organization) | 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 leaving: _____

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.

Have you ever been convicted as an adult of a felony, gross misdemeanor or misdemeanor crime for which a jail sentence may be imposed which has not been annulled, expunged, or sealed by a court?

Yes No If yes, describe in full, including disposition of offense.

You may answer "NO" to this question if the conviction or criminal records thereof have been annulled, expunged, sealed, set aside or purged, or if you have been pardoned pursuant to law. Before any applicant is rejected on the basis of a criminal conviction, he or she will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statutes Chapter 364.

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