



**Riley County  
Conservation District**

# APPLICATION FOR EMPLOYMENT

Application Date: \_\_\_\_\_

**INSTRUCTIONS: PLEASE READ CAREFULLY**

ALL requested information must be furnished. If an item does not apply to you, or if there is no information to be given, write in the letters "NA" for "not applicable." Documents submitted with this Application will not be returned.

**PLEASE PRINT**

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Message phone: \_\_\_\_\_

E-mail (optional): \_\_\_\_\_

1. Are you currently employed?  YES  NO  
If Yes: Company? \_\_\_\_\_ Position held? \_\_\_\_\_ Dates? \_\_\_\_\_

2. May we contact your current or previous employers?  YES  NO If NO, please explain  
\_\_\_\_\_

3. Are you 18 years of age or older?  YES  NO, if no, please state your age: \_\_\_\_\_

4. Do you have a valid driver's license?  YES  NO  
If yes: State \_\_\_\_\_ License Number \_\_\_\_\_ Type (CDL?) \_\_\_\_\_

**NOTE:** A driver's license is required in the position for which you are applying; the District will make a motor vehicle operation history inquiry. A poor-driving record may disqualify an applicant from consideration for the position. By signing this application, you authorize the District to make an inquiry of your driving record.

5. Have you been convicted of a felony within the last 15 years?  YES  NO  
If YES, explain where, when, and reason. (Conviction may not affect employment decisions unless it specifically relates to the fitness to perform the position.) \_\_\_\_\_ (use separate sheet if necessary)

6. If employed, can you provide proof of U.S. citizenship or immigration/visa status, which permits you to be employed in the U.S.?  YES  NO  
 (Proof of citizenship or immigration status will be required within three (3) days of employment)
7. On what date are you available for work? \_\_\_\_\_
8. Are you available to work  FULL-TIME?  PART-TIME?  SHIFT WORK/WEEKENDS?
9. Are you on lay-off and subject to recall?  YES  NO If YES, explain \_\_\_\_\_

**EDUCATION**

	<b>Name and Location</b>	<b>Type of Cert./degree*</b>	<b>Date Received</b>	<b>Course of Study/Major</b>
<b>High School</b>				
<b>College/ University</b>				
<b>Graduate School</b>				
<b>Business/ Trade School or other</b>				

\*If you are selected for an interview, transcripts or other certification may be required.

List any licenses, professional registrations, honors, awards, or fellowships:

List membership in any clubs, groups, or organizations that contribute to your qualifications for the position you are applying for (please include dates of membership, and office held if applicable):

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## EXPERIENCE

Beginning with your present job (or most recent past job if unemployed) please provide the following information for the last 10 years, *including periods of unemployment and the reasons for the unemployment*. Any current or prior military service should be included in this section.

**IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION.** Attach another sheet if necessary. Résumés may be attached; however, this section **must** be completed. Please do not write, “see résumé”. Check the Position Description for details on the qualifications the District is seeking.

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's name and title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's name and title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's name and title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's name and title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Specialized Skills**

<input type="checkbox"/> Computer PC/MAC	<input type="checkbox"/> Map Reading	Organizational Skills	People Skills
<input type="checkbox"/> Basic Accounting	<input type="checkbox"/> Digital Camera	_____	_____
<input type="checkbox"/> MS Office programs	<input type="checkbox"/> Writing	_____	_____
WPM _____	<input type="checkbox"/> Speaking	_____	_____

Summarize special skills and qualifications acquired from employment or other experience that fit this Position Description:

Give name, address and telephone number of three references. Individuals given as references should not be related to you.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

**We are an Equal Opportunity Employer, in compliance with all federal and state laws. This organization is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job related experience and other qualifications will be considered carefully and compared to the knowledge, skills and abilities required by this position. All information provided in this application will be treated confidentially, and if you are employed, will be used only to help assure the best use of your knowledge, skills and abilities.**

***AGREEMENT: Read Carefully Before Signing***

I hereby certify that all statements contained herein are true, complete, and correct. I understand all information contained in this application is subject to verification. Any omissions or erroneous statements may be cause for rejection of this application and/or removal from eligibility and/or discharge from the District. It is my responsibility to keep the current District Manager and/or the District Board Supervisors advised about my changes of address, etc.

I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is at-will and that the District may change wages, benefits and conditions at any time.

I understand that if offered employment and if applicable to my position\*, the offer will be contingent on my passing a post-employment offer alcohol/drug screen and/or a post-employment offer physical. By signing this statement, I voluntarily agree to submit to a post-employment offer alcohol/drug screen and post-employment offer physical as may be required. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer. *(\*Some positions require post-employment offer testing and/or pre-placement medical exams. This should not be construed as an attempt to solicit medical information.)*

My signature authorizes the Riley County Conservation District to secure my driving record (the position requires driving), transcripts from educational institutions to verify credits/degrees, and information needed to obtain a criminal background check.

I hereby release third parties from liability for any damages resulting from issuance of employment verification, references, or other pertinent information to the District.

My signature also authorizes collection of any employment-related information deemed necessary from former employers or personal references. I agree to hold harmless those individuals, organizations, and the District for any information provided or received.

Position applying for: \_\_\_\_\_

I certify I have read and understand the above.

Applicant (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

NOTE: A signature is **required**. If this form is returned electronically (e-mail), please print, sign, and mail or fax this page.

Riley County Conservation District, 3705 Miller Parkway, Suite A, Manhattan, KS 66503-7604  
Telephone (785) 537 8764 Facsimile: (785) 539 7983  
E-mail: robert.lienemann@ks.nacdnet.net  
Home Page Address: [www.rileycountyks.gov/conservationdistrict](http://www.rileycountyks.gov/conservationdistrict)