

APPLICATION FOR EMPLOYMENT WITH  
STUTSMAN COUNTY SOIL CONSERVATION DISTRICT

**Personal Information:**

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Present Address: \_\_\_\_\_  
 Phone Numbers: \_\_\_\_\_  
 Driver's License? Yes \_\_\_ No \_\_\_  
 Are you legally eligible for employment in the United States? \_\_\_\_\_  
 In case of emergency notify:  
 Name: \_\_\_\_\_ phone: \_\_\_\_\_ relationship: \_\_\_\_\_

**General Information:**

Job Application for **WATERSHED TECHNICIAN (75%) / DISTRICT TECHNICIAN (25%)**  
 Date you can start: \_\_\_\_\_  
 Salary or Wage Expected: \_\_\_\_\_  
 Hours Available (Include what days of the week): \_\_\_\_\_  
 Pay Schedule: Time sheets are turned in every two weeks on Monday.  
 Upon hiring Applicant will sign a Contract for Services.

**Education/Training:**

School	Name & Location	Course of Study	No. years completed	Did you graduate? Date	Degree/Diploma
College					
High School					
Other					
GED					

**Work History:**

Please complete the work history section starting with your present or most recent job first.

<b>Company Name:</b>	Telephone
Address:	Employed (state month and year)
	From: _____ To: _____
Name of Supervisor:	Weekly Pay
	Start: _____ Last: _____
State Job Title and Describe your work:	Reason For Leaving:
Equipment Operated:	

<b>Company Name:</b>	Telephone
Address:	Employed (state month and year)
	From: _____ To: _____
Name of Supervisor:	Weekly Pay
	Start: _____ Last: _____
State Job Title and Describe your work:	Reason For Leaving:
Equipment Operated:	

<b>Company Name:</b>	Telephone
Address:	Employed (state month and year)
Name of Supervisor:	From: _____ To: _____
	Weekly Pay
State Job Title and Describe your work:	Start: _____ Last: _____
	Reason For Leaving:
Equipment Operated:	

<b>Company Name:</b>	Telephone
Address:	Employed (state month and year)
Name of Supervisor:	From: _____ To: _____
	Weekly Pay
State Job Title and Describe your work:	Start: _____ Last: _____
	Reason For Leaving:
Equipment Operated:	

<b>Military Service</b>	<b>Period of Active Duty</b>
Branch of Service	From: _____ To: _____
Rank at Discharge:	Describe Duties & Special Training:
Date of Final Discharge:	

We may contact the employers listed above unless you indicate those you do not want us to contact:

Do not contact: Employer name: \_\_\_\_\_ Reason: \_\_\_\_\_

Lifting Restrictions (explain)? \_\_\_\_\_

Allergies? \_\_\_\_\_

Have you ever had difficulties getting along with co-workers or supervisors?

\_\_\_\_\_

Do you enjoy working alone or with others? \_\_\_\_\_

Have you supervised others? \_\_\_\_\_

What have you been doing since your last job? \_\_\_\_\_

What is your definition of cooperation? \_\_\_\_\_

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.	
_____	_____
Date	Signature

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