

Red River Valley Conservation Service Area Application for Employment

INSTRUCTIONS FOR COMPLETION: In order for your application to be considered, you will need to complete each section as completely as possible, and remember to sign and date the application. Please do not write "see attached resume", as we will not accept your application as blank with a resume. This document is a legal instrument, and as such, needs to be filled out accurately and completely.

EQUAL EMPLOYMENT OPPORTUNITY: It is the policy of Red River Valley Conservation Service Area (RRVCSA) to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

DATA PRIVACY NOTICE: The information requested on this application is intended to be used by RRVCSA in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in RRVCSA being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, RRVCSA may be unable to provide the necessary accommodations if you do not provide the information in the Personal History section. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside RRVCSA without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

POSITION DESIRED

Engineering Technician		11 TC'	□ D T'					
Type of Employment Desired:	∟Fu	ll-Time	☐ Part-Time					
Date You Would Be Available to Begin Employment:								
ERSONAL DATA								
First	MI	Last			Today's Date			
Street Address	eet Address			City, State, Zip	<u> </u>			
Home Phone	Alter	rnate Phone	1	Email Address				
Are you a U.S. citizen or legally el	igible to hol	d employn	nt in the United S	tates?	□Yes	□No		
Do you have any special needs which may necessitate accommodation in the application/interview process?						□No		
If yes, please describe the ty	pe of accom	modations	quested below:					
If you are under 18, can you furnish a work permit if it is required?						□No		
List all names you have gone by or	under whic	h vour emi	ovment or educati	onal records may be	found:			

WORK/VOLUNTEER EXPERIENCE List all work experience, whether or not relevant to this position, and all relevant volunteer experience, starting with the most recent. Attach additional sheets if necessary. Job Title 1) Company Name Address Name & Title of Supervisor City, State, Zip Telephone Dates of Employment (mm/dd/yyyy) Describe your duties & responsibilities below Reason for leaving 2) Company Name Job Title Name & Title of Supervisor Address Dates of Employment (mm/dd/yyyy) City, State, Zip Telephone From: To: Describe your duties & responsibilities below Reason for leaving 3) Company Name Job Title Address Name & Title of Supervisor Dates of Employment (mm/dd/yyyy) City, State, Zip Telephone

Describe your duties & 1	esponsibilities below	Reason for leaving
4) Company Name		Job Title
Address		Name & Title of Supervisor
City, State, Zip	Telephone	Dates of Employment (mm/dd/yyyy) From: To:
Describe your duties & responsibilities below		Reason for leaving

From:

To:

LICENSURE List all current licenses/registrations/certificates relevant to the position you are applying for.

Туре	License #	Issued By	Date Issued	Exp. Date
Driver's License / Required				

N=None E=Expe	rienced (2-5 Year	rs Expe	erie <u>nce)</u>					G =Gen P = <u>Prof</u>	eral (1-2 Ye essional (5+	ears Ex	perience) Work Relate	d Exp	erience)
ESRIs ArcMA	AP	\square N	\Box G	\Box E	\Box P		Microsoft Excel			\square N \square G		Е 🗆 Р	
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Spatial & 3D	patial & 3D Analyst			Adobe	Acrobat	Ç.		\Box N \Box G		Е 🗆 Р			
AutoCAD	AutoCAD \(\subseteq \mathbf{N}		\Box G	□Е	\Box P		Adobe l	PhotoSl	юр		\Box N \Box G		Е 🗆 Р
Other Disease	T int										\Box N \Box G		E □P
Other: Please	List										\Box N \Box G		Е 🗆 Р
THER SKILLS	S & TRAINING	Please	e be spe	cific.									
nost recent first.									Date: (mm/yy	s yy)	Did you	ı	Type of Degree /
School	School Nam	ie	Ci	ty/State	;	Ma	ajor/Mir	ıor	of Attend		Graduate	e?	Diploma
High									dates	of	□ Yes □		□Diploma
School									attendanc high sch		☐ In Progr	ess	□GED
College/											□ Yes □	No	
University											☐ In Progr		
Business/ Tech.											☐ Yes ☐		
											☐ In Progr		
Graduate/ Other											☐ Yes ☐ ☐ In Progr		
nanagers, direct	These should be ors, or heads of call prior employer	lepartn	nents un	der who	om you	ı have w	worked.	Indicate ere you	e any who a have volun	re relat	you seek. Inc	clude RVCS	SA reserves th
Name:								Title/C	Company:				
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Name:								Title/C	Company:				
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CRIMINAL BACKGROUND INFORMATION

RRVCSA will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions, criminal background information will be requested during the application stage, i.e. Correctional Officers. Further, RRVCSA may conduct a criminal background check on individuals upon making a contingent job offer.

VETERAN STATUS								
Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points?	☐ Yes ☐ No							
Do you wish to claim Veteran's Preference Points?								
If you are a disabled veteran and wish to claim additional points, please check here.								
RRVCSA awards preference points to qualified veterans. Points are awarded subject to the provisions of 43A.11. Applicants must supply with their application or within five (5) business days, a copy of their DI years of service and type of discharge. Disabled veterans must also supply with their application or within form FL21-802 , or an equivalent letter from a service retirement board.	D214 , which must show							
PRIOR EMPLOYMENT								
Have you ever been discharged or forced to resign from prior employment, other than in relation to a hum rights charge or lawsuit in which you were the claimant/plaintiff?	an Yes No							
If so, identify the employer and describe the circumstances below:								
UNEXCUSED ABSENCES FROM WORK How many days were you in available absent from yould during the preceding three (2) years other than								
How many days were you inexcusably absent from work during the preceding three (3) years, other than absences due to illness or injury of you or your immediate family?								
misleading information provided, or any omission or concealment of facts, will disqualify me from consideral constitutes grounds for my immediate dismissal should I be employed by RRVCSA. I understand, acknowledge, and agree that no offer of employment is valid or binding until formal approvate the appointing authority referenced in the job description and that until such approval that RRVCSA shall no on any oral or written offers of employment made to me. In connection with this application I hereby authorize any and all current and former employers, organization volunteered ("volunteer organizations") and references named in this application, or any agent of such a form organizations, to release to RRVCSA and its agents any and all information regarding my job performance as perform the position I am presently seeking and any other employment or related information, both public and possession. I understand that RRVCSA will use this information to determine my fitness/qualifications for the third authorization expires one year from the date of my signature below.	al by the RRVCSA Board of the liable for any reliance ons where I have the mer employer or volunteer and fitness/qualifications to ad private, in their							
I hereby release RRVCSA and all former employers, volunteer organizations, and references listed herein at on behalf of RRVCSA, former employers, volunteer organizations, or references, for any and all liability of requesting or providing such information.								
Signature of Applicant (Do Not Print) Date								
DETUDNITHIS ADDITION TO								

RETURN THIS APPLICATION TO:

Red River Conservation Service Area C/O: Bryan Malone - Pennington Soil and Water Conservation District 201 Sherwood Ave South Thief River Falls, MN 56701 P: (218) 683-7075 Bryan.Malone@mn.nacdnet.net

Tennessen Warning

In accordance with the Minnesota Government Data Practices Act, RRVCSA is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

The information collected from you or other agencies or individuals authorized by you is used to determine your qualifications for RRVCSA Job openings.

You are not required to provide this information; however, it is necessary to determine if you qualify for employment. Disclosure of your social security number is voluntary unless you are hired. If hired you must disclose it in order to be in compliance with state and federal tax withholding laws. If you do not supply the required information, Beltrami County will not be able to consider you for employment. The use of the private data we collect is limited to that necessary for the administration and management of the county hiring process. Persons or agencies with whom this information may be shared include:

- 1) Human Resource Department Employees
- 2) Central Administration Employees
- 3) Heads of department where job openings occur
- 4) Supervisors in department where job openings occur

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- 1) The right to see and obtain copies of the data maintained on you.
- 2) Be told the contents and meaning of the data.
- 3) Contest the accuracy and completeness of the data.

To exercise these rights, contact: RRVCSA Human Resource Department.

I have read and understand the above information regarding my rights as a subject of government data.
Date:
Signature: