South Dakota Association of Conservation Districts, Inc.

PO Box 275 116 N Euclid Pierre, SD 57501-0275 605-773-4531 (FAX) Web: sdconservation.org E-mail: sdacd.mail@sdconservation.org 1-800-729-4099 605-895-4099 PO Box 515 221 N Main Street Presho, SD 57568-0515 605-895-9424 (FAX)

Application for Employment

Read	carefully and fill in items completely. Typ	e or print clearly	in dark ink.			
1)	Position Applying For:					
2)	Social Security Number:					
3)	Name (Last, First, Middle):					
4)	Street Address or Box Number:					
	City, State, Zip Code:					
5)	Other names ever used:					
6)	Home Phone:		7) Alternative Phone:			
8)	When can you start work?					
9)	Do you have any disability or limitation	Do you have any disability or limitation which would affect your performance of the duties of the position for which				
	you are applying? Please answer "yes" or "no". (If yes, explain below)					
10)	When could you begin employment?					
11)	What is the lowest pay you will accept?	?				
WOR 12)	K EXPERIENCE: If you have no work experience, write "NONE" in A below and go to item 14. May we ask your present employer about your character, qualifications and work record? A "No" will not affect our review of your qualifications. If you answer "No" and we need to contact your present employer before we can offer you a job, we will contact you first. (Please answer "yes" or "no.") Begin with your current or most recent position and work backwards. List each promotion as a separate job. Include paid and verifiable non-paid experience, including military service. Be as accurate and complete as possible, especially in describing the duties of each position. If you need more space, use box 27 or attach additional sheets using the same format. On each sheet show your name, Social Security Number and the job title.					
	A) Name and address of employer's org	ganization (includ	de Zip Code if known)			
	Dates employed (Month & Year) From		То			
	Average number of hours per week					
	Salary or earnings: Starting: \$	per	Ending: \$	per		
	Place of employment (City & State):					
	Kind of business or organization:					
	Exact title of job:					
	Your immediate supervisor:					
	Title:		Telephone number:			

Number & job titles of any employees you supervised:

Your reason for wanting to leave:				
Description of work. Describe your specific duties, responsibilities, and accomplishments in this job.				
B) Name and address of employer's organ	nization (include Zi	p Code if known)		
Dates employed (Month & Year) From		То		
Average number of hours per week				
Salary or earnings: Starting: \$	per	Ending:	\$ pe	er
Place of employment (City & State):				
Kind of business or organization:				
Exact title of job:				
Your immediate supervisor:				
Title:		Telephone numb	er:	
Number & job titles of any employees you	ı supervised:			
Your reason for wanting to leave:				
Description of work. Describe your specif	ic duties, responsib	pilities, and accomp	lishments in this jo	b.
C) Name and address of employer's organ	nization (include Zi	p Code if known)		
		T		
Dates employed (Month & Year) From		То		
Average number of hours per week		F., 4:	Φ	
Salary or earnings: Starting: \$	per	Ending:	\$ pe	r
Place of employment (City & State):				
Kind of business or organization:				
Exact title of job:				
Your immediate supervisor:		m 1 1 1		
Title:		Telephone numb	er:	

Number & job titles of any employees y	ou supervised:			
Your reason for wanting to leave:				
Description of work. Describe your spec	eific duties, respon	sibilities, and accomplishments	in this job.	
D) Name and address of employer's orga	anization (include	Zip Code if known)		
Dates employed (Month & Year) From		То		
Average number of hours per week				
Salary or earnings: Starting: \$	per	Ending: \$	per	
Place of employment (City & State):				
Kind of business or organization:				
Exact title of job:				
Your immediate supervisor:				
Title: Telephone number:				
Number & job titles of any employees you supervised:				
Your reason for wanting to leave:				
Description of work. Describe your spec	cific duties, respon	sibilities, and accomplishments	in this job.	

EDUCATION:

- Do you possess a high school diploma or GED? (Please answer "yes" or "no.")
- List formal education beginning with the most recent. Include high school, college, vocation or business school, apprenticeship, military training, etc. as well as type of credit earned (semester hours, quarter hours, CEU's, etc.)
 - A. Name of school

Address of school

	Attended from (Mo/Yr)	to	Total credit hours			
	Type of credit					
	Major(s) or course					
	Minor(s)					
	Did you graduate?	Type of degree				
В	. Name of school					
	Address of school					
	Attended from (Mo/Yr)	to	Total credit hours			
	Type of credit					
	Major(s) or course					
	Minor(s)					
	Did you graduate?	Type of degree				
16) Use this space to identify any other educational experiences you have had which are pertinent to the position. Include workshops, seminars, military or vocational training etc. which are not listed above. Indicate time involved (hours per work, number of weeks, number of credits, etc.)						
17) L	ist any relevant certificates, lice	enses or registrations you possess	or are eligible for. Include expiration dates.			
18) List your special qualifications, skills or accomplishments that may help you get a job. Some examples are: skills with machines, most important publications, public speaking and writing experience, membership in professional or scientific societies; patents or inventions, etc.						
19) L aj	oplying. Do not list supervisors ist full name, present address, p		qualifications for the kind of job for which you are			
1,	,					
2)						
3))					

If "No", write the country or countries you are a citizen of:

BACKGROUND INFORMATION: 20) Are you a citizen of the United States?

Important note about questions 21 through 26: We will consider the date, facts, and circumstances of each event you list. In most cases you can still be considered for most jobs. However, if you fail to tell the truth or fail to list all relevant events, this failure may be grounds for not hiring you or for firing you after you begin work.

21) During the last 10 years, were you fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems? If "Yes", use 27 to write for each job: a) the name of the employer, b) the approximate date you left the job, and c) the reason(s) why you left.

When answering questions 22 - 26 you may omit: 1) traffic fines of \$100.00 or less; 2) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a youth offender law; 3) any conviction set aside under the Federal Youth Corrections Act or similar State law; 4) any conviction whose record was expunged under Federal or State law.

- 22) Have you ever been convicted of or forfeited collateral for any felony?
- 23) Have you ever been convicted of or forfeited collateral for any firearms or explosives violation?
- 24) During the last 10 years have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Do not include violations reported in 22 or 23 above.
- 25) Are you now under charges for any violation of law?
- 26) Have you ever been convicted by a court-martial?

If you answered "Yes" to 22, 23, 24, 25, or 26, give details in 27. For each violation, write the 1) date, 2) charge, 3) place, 4) count and 5) action taken.

ADDITIONAL SPACE FOR ANSWERS:

27)	rite the number to which each answer applies. If you need more space, attach sheets headed with your name, Socia	al
	ecurity number, and the job title.	

- 28) In consideration of my employment, I agree to conform to the rules and standards of the Association and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Association. I understand that no employee or representative of the Association, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the president of the Association may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding agreement with respect to the at-will nature of my employment relationship and that there are not oral or collateral agreements regarding this issue.
- 29) Signature By signing this application, you are certifying that the information is true, correct and complete to your best knowledge and belief. You are authorizing investigation of all statements you have made. Misrepresentation, falsification or omission of facts called for in this application is cause for cancellation of this application or termination of employment. Unsigned applications will not be considered.

Signature Date

The South Dakota Association of Conservation Districts Inc., in accordance with state and federal laws, does not discriminate on the basis of age, race, color, ancestry, national origin, creed, religion, sex, marital status, disability or political affiliation.