

# FAIRFIELD SWCD EMPLOYMENT APPLICATION

831 College Avenue, Suite B, Lancaster, Ohio 43130

*An Affirmative Action/Equal Opportunity Employer*

Name (last, first, middle) :		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Social Security Number: ____ - ____ - ____	Date of Birth (mm/dd/yy) : __ - __ - __
Address (street, city, state, zip code) :			Phone: (____) ____ - ____	Date of Application: __ - __ - __
U.S. Citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>	Type of Visa (if not a U.S. citizen) :	Position Desired:	Have you ever been employed by the State of Ohio or an Ohio political subdivisions? YES <input type="checkbox"/> NO <input type="checkbox"/>	

## Education and Training

*(include high school, GED, trade and vocational schools, undergraduate and graduate degrees)*

Name and Type of School:	Major:	Minor:	Dates Attended or Date Degree was Received:	Degree, or Credits Completed:
Address:				
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Address:				
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Address:				

List special skills, qualifications or accomplishments related to the position you are applying for ( include skills with computers, other machinery, public speaking, and writing, patents, publications, etc.):

List any professional society memberships and current licenses and certificates ( include issuing state and expiration date):

Do you have a valid state driver's license? license?      YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, has your license even been suspended or revoked?      YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain:
Give the number of moving traffic violations you have had over the past three (3) years: _____		
Give the number of traffic accidents you have had in the past three (3) years: _____		
Have you ever been convicted of a felony?      YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(If your answer is yes, please explain on a separate sheet of paper reporting all cases and dates except minor traffic violations, sealed or juvenile convictions.)</i>		
If necessary, can you supply your own transportation for work use?      YES <input type="checkbox"/> NO <input type="checkbox"/>		
Can you perform the job related requirements of the specific job for which you are applying?      YES <input type="checkbox"/> NO <input type="checkbox"/>		

## Previous Work Experience

In the areas below, please fill out past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes as separate employment. Attach extra sheets if necessary. **NOTE: A resume may not be used as a substitute for completing this page.**

TO: (mm/yy)	Name of Employer	Position Title
From: (mm/yy)	Address	Supervisor's Name and Title
Salary:	City, State, Zip	Phone Number

Duties Performed:

TO: (mm/yy)	Name of Employer	Position Title
From: (mm/yy)	Address	Supervisor's Name and Title
Salary:	City, State, Zip	Phone Number

Duties Performed:

TO: (mm/yy)	Name of Employer	Position Title
From: (mm/yy)	Address	Supervisor's Name and Title
Salary:	City, State, Zip	Phone Number

Duties Performed:

TO: (mm/yy)	Name of Employer	Position Title
From: (mm/yy)	Address	Supervisor's Name and Title
Salary:	City, State, Zip	Phone Number

Duties Performed:

List three (3) people for references who are not related to you and who are not listed above:

Name:	Name:	Name:
Address:	Address:	Address:
City, State, Zip:	City, State, Zip:	City, State, Zip:
Phone:	Phone:	Phone:
Professional <input type="checkbox"/> Personal <input type="checkbox"/>	Professional <input type="checkbox"/> Personal <input type="checkbox"/>	Professional <input type="checkbox"/> Personal <input type="checkbox"/>

# EMPLOYMENT APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish the Fairfield Soil and Water Conservation District (SWCD) any and all information concerning my previous employment, education, military, and qualifications for employment. I also authorize the Fairfield SWCD to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the Fairfield SWCD, which rules may be changed, withdrawn, added, or interpreted at any time, at the Fairfield SWCD's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the Fairfield SWCD or myself. I hereby grant Fairfield SWCD permission to conduct a background check on prior employment, driving and criminal record.

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Applicant's Signature

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Date