



Lewis County Soil & Water Conservation District
 5274 Outer Stowe St., Suite #1 Lowville NY 13367
 Phone (315)376-6122

APPLICATION FOR EMPLOYMENT

Please Note: Prospective employees will receive consideration without discrimination because of race, color, creed, national origin, gender, age, marital status, or disability status, or any other basis prohibited by federal, state or local law.

FULL NAME _____ DATE _____

SOCIAL SECURITY # _____

ADDRESS _____

CITY, STATE, ZIP _____ TELEPHONE _____

POSITION DESIRED _____ SALARY DESIRED _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? _____

DID ANYONE REFER YOU? _____ IF SO, WHO? _____

DO YOU KNOW OR ARE YOU RELATED TO ANYONE WHO WORKS FOR THIS DISTRICT? _____

IF SO WHO? _____

EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA TYPE
GRADUATE					
UNDER GRADUATE					
BUSINESS TRADE TECHNICAL					
HIGH SCHOOL					

ACHEIVEMENTS

PLEASE LIST ANY OF THE FOLLOWING:

PROFESSIONAL SOCIETY AFFILIATIONS: _____

SPECIAL LICENSES OR AWARDS: _____

SPECIAL SKILLS, KNOWLEDGE, HOBBIES: _____

EMPLOYMENT HISTORY

Include the last 7 years; list all previous employment; explain any periods of unemployment; list current or latest first.

#1	EMPLOYER:
ADDRESS:	
TELEPHONE:	
SUPERVISOR:	
DATES EMPLOYED:	
TITLE OR POSITION:	
DESCRIPTION OF JOB DUTIES:	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER?	

EMPLOYMENT HISTORY CONTINUED.....

#2	EMPLOYER:
ADDRESS:	
TELEPHONE:	
SUPERVISOR:	
DATES EMPLOYED:	
TITLE OR POSITION:	
DESCRIPTION OF JOB DUTIES:	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER?	

#3	EMPLOYER:
ADDRESS:	
TELEPHONE:	
SUPERVISOR:	
DATES EMPLOYED:	
TITLE OR POSITION:	
DESCRIPTION OF JOB DUTIES:	
REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER?	

USE ADDITIONAL SHEETS IF NECESSARY TO LIST EMPLOYMENT HISTORY

HAVE YOU EVER BEEN FIRED FROM EMPLOYMENT? IF YES, PLEASE EXPLAIN. _____

DATE YOU ARE AVAILABLE TO START: _____

HOURS YOU ARE AVAILABLE: _____

ARE YOU AVAILABLE TO WORK OVER 40 HOURS IF NEEDED? _____

DO YOU HAVE A VEHICLE TO USE DURING WORK HOURS, IF NEEDED? _____

DO YOU HAVE A VALID NEW YORK STATE DRIVER'S LICENSE? _____

HAVE YOU EVER BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? _____ OR HAD YOUR LICENSE SUSPENDED OR REVOKED? _____

DO YOU HAVE A CLEAN DRIVING RECORD? _____

IF NOT, LIST CONVICTION(S): _____

(PLEASE NOTE: ALL STAFF MUST BE ABLE TO DRIVE DISTRICT VEHICLES.)

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ARE YOU CURRENTLY OUT ON BAIL OR YOUR OWN RECOGNIZANCE PENDING TRIAL? _____

IF YES, LIST CONVICTION(S): _____

LIST THREE PERSONAL REFERENCES (EXCLUDING RELATIVES):

NAME	ADDRESS	TELEPHONE	YEARS KNOWN

THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND ACCURATE AND ANY FALSE OR OMMITTED INFORMATION WILL BE GROUNDS FOR DENIAL OF EMPLOYMENT OR LATER TERMINATION. I

HEREBY AUTHORIZE THE DISTRICT TO VERIFY ANY INFORMATION IN THS APPLICATION.

Signature

Date