

APPLICATION for EMPLOYMENT (2025)

Yellow Medicine Soil & Water Conservation District

1000 10th Avenue Suite 3 – Clarkfield, MN 56223

Phone: 320-669-4442 x 3

brayden.anderson@co.ym.mn.gov

Date received _____ (SWCD use only)

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of Yellow Medicine Soil and Water Conservation District (SWCD) 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.

II. DATA PRIVACY NOTICE

The information requested on this application is intended to be used by the Yellow Medicine SWCD in determining suitability for employment for the position which you are currently seeking or may seek in the future. If hired, the information may later be used for consideration for other positions, verification of employment history or disciplinary action in the event that the information is not truthful. 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 the SWCD being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the SWCD may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act (MGDPA) will not be released outside the SWCD without your consent except as necessary for tax purposes or as otherwise required by state or federal law. Information which is classified as public data will be released pursuant to the terms of the MGDPA.

III. POSITION DESIRED

Title of position for which you are applying: **Office Administrator**

Date available to begin employment: _____

IV. PERSONAL DATA

Name _____
Last First Middle

Current address:

_____ Home Phone: _____
Street

_____ Alternate (Cell) Phone: _____
City State Zip

E-mail address: _____

Are you either a U.S. citizen or otherwise legally eligible to hold employment in the United States?

Yes _____ No _____

Have you previously worked for the SWCD?

Yes _____ No _____

If yes, position held/department: _____

If yes, under what name may your previous employment records be found?

If you have any special needs which may necessitate accommodations in the application or interview process, please contact the SWCD Director at 320-669-4442 x3 to make a request.

List all other names under which you have been employed or under which your employment or educational records may be found. _____

V. WORK/VOLUNTEER EXPERIENCE

List all work experience, whether or not relevant to this position, and all relevant volunteer experience, most recent to be listed first. Attach additional sheets if necessary. Include volunteer unpaid work.

Employer Name: _____ Phone: _____

Position Held: _____

Job Duties: _____

Dates mm/dd/yyyy of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____ Phone: _____

Employer Address: _____

Position Held: _____

Job Duties: _____

Dates mm/dd/yyyy of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____ Phone: _____

Employer Address: _____

Position Held: _____

Job Duties: _____

Dates mm/dd/yyyy of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____ Phone: _____

Employer Address: _____

Position Held: _____

Job Duties: _____

Dates mm/dd/yyyy of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____ Phone: _____

Employer Address: _____

Position Held: _____

Job Duties: _____

Dates mm/dd/yyyy of Employment/Experience: _____

Reason for Leaving: _____

Attach additional sheets as necessary

VI. COMPUTER SKILLS

How would you rate your proficiency in the following computer programs? (Please check the level that best fits your experience and abilities) Ratings are as follows:

1 = Never worked with program

2 = Can do the basic things with the program

3 = Quite comfortable with the program - can build own forms, documents, etc.

4 = Very comfortable - can help others develop their skills.

Program	1	2	3	4
Microsoft Word				
Microsoft Excel				
Microsoft Outlook				
Microsoft Publisher				
eLink				
Quickbooks				
Other: _____				

VII. LICENSURE

Do you have a valid driver's license: Yes _____ No _____

List current licenses, registrations, or certificates relevant to the position for which you are applying.

License/No.

Issued by

Date Expiration

All applicable licenses or certifications must be received in the SWCD Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

VIII. EDUCATION

Include high school and/or institution issuing GED and any additional education/courses taken.

Do not list dates of attendance for high school. List most recent first.

Name of School: _____

Address of School: _____

Degree/Diploma Received _____

Major/Minor: _____

Dates mm/dd/yyyy of Attendance: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates mm/dd/yyyy of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates mm/dd/yyyy of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates mm/dd/yyyy of Attendance: _____

List/describe any other training and/or experience relevant to this position for which you are applying. Review job announcement before answering this question. Attach additional sheets is necessary.

IX. REFERENCES

These should be people in a position to discuss your qualifications for the position you seek, not personal references. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The SWCD reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to the references listed below:

Name of Reference: _____
Address: _____
Email Address _____
Phone Number: _____ Title: _____

Name of Reference: _____
Address: _____
Email Address _____
Phone Number: _____ Title: _____

Name of Reference: _____
Address: _____
Email Address: _____
Phone Number: _____ Title: _____

X. CRIMINAL BACKGROUND INFORMATION

The SWCD 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. Further, the SWCD may conduct a criminal background check on individuals upon making a contingent job offer. If the job description or other application material states that a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to the SWCD and formal approval by the Yellow Medicine SWCD Board of Supervisors.

XI. 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 _____

Are you the spouse of a deceased honorably discharged veteran or disabled veteran who is unable to work due to such disability? Yes _____ No _____

Do you wish to claim Veteran’s Preference Points? Yes _____ No _____

If you are a disabled veteran and wish to claim additional points, please check here. _____

Proof of applicable military status/eligibility, such as a DD214 from, will be required in order to claim credits. Please attach a DD218 form or forward it within five (5) business days. If you receive a passing score, you will be shown your score upon request.

XII. PRIOR EMPLOYMENT

Have you been discharged or forced to resign from prior employment, other than in relation to human rights charge or lawsuit in which you were the claimant/plaintiff? Yes _____ No _____

If so, identify the employer and describe the circumstances:

XIII. UNEXCUSED ABSENCE FROM WORK

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? _____

XV. CERTIFICATION, ACKNOWLEDGMENT AND RELEASE

I **certify** that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the Yellow Medicine SWCD.

I **understand, acknowledge and agree** that no offer of employment is valid or binding until formal approval by the Yellow Medicine SWCD Board of Supervisors or the appointing authority referenced in the job description and that until such approval that the SWCD shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application, I **hereby authorize** any and all current former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the Yellow Medicine Soil and Water Conservation District, and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the Yellow Medicine SWCD will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

I **hereby release** the Yellow Medicine SWCD and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said SWCD, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

I understand, the Yellow Medicine SWCD is **authorized to request** a transcript where necessary to verify my educational record.

Date: _____ Signature: _____
(Do not print)

XVI.

TENNESEN WARNING

In accordance with the Minnesota Government Data Practices Act, Yellow Medicine Soil & Water Conservation District (SWCD) 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.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices requires that you be informed that the following information, which you are asked to provide on the application for employment, is considered private data:

- | | |
|---------------------------|----------------------|
| 1. Name | 6. Conviction record |
| 2. Home address | 7. Sex |
| 3. Home phone number | 8. Age group |
| 4. Social Security number | 9. Disability type |
| 5. Date of birth | |

We ask this information for the following reasons:

- To distinguish you from all the other applicants and identify you in our personnel files
- To enable us to verify that you are the individual who makes the application
- To enable us to contact you when additional information is required, send notices to you, and/or schedule you for interviews
- To determine if you meet the minimum age requirements, if any
- To determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for
- To enable us to ensure your rights to equal opportunities
- To meet Federal and State reporting requirements
- To make processing more efficient

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in Yellow Medicine SWCD and the policies, rules and regulations promulgated pursuant thereto.

Furnishing Social Security number, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you and to the other persons in the SWCD office who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process, which is not designated in this notice as private data.

If Yellow Medicine SWCD hires you, you will be legally required to supply your Social Security number and all applicable tax information. This information will be sent to Federal and State tax authorities and to the Social Security Administration, and will enable us to compute your salary deductions. Insurance data, which you will be required to furnish in order to participate in Yellow Medicine SWCD health insurance plan, will be classified as private, as will payroll deduction data.

In accordance with Minnesota Statutes 13.03 and 13.04, I have been informed of and understand my rights as a subject of data.

Date: _____ Signature: _____
(Do not print)

**CONSENT FOR RELEASE OF
EMPLOYMENT AND APPLICANT RECORDS
AND RELEASE OF LIABILITY**

In connection with this application I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the Yellow Medicine Soil and Water Conservation(SWCD) and it's agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, other than "consumer reports," as that term is defined in the United State Fair Credit Reporting Act, in their possession. I understand that the Yellow Medicine SWCD will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year form the date of my signature, below.

I hereby release the SWCD and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said SWCD, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

Date: _____
Signature _____