



Harney Soil and Water Conservation District

PO Box 848

Hines, OR 97738

541.573.6446

www.harneyswcd.org

admin@harneyswcd.net

<i>Application for Employment</i>									
Applicant Information									
Full Name:					Date of Birth:				
Mailing Address/City/State/Zip									
Street Address/City/State/Zip									
Phone:					Email:				
Position applied for:									
Do you have a valid Oregon Driver's License?					Yes ☐	No ☐	ODL#		
Are you a U.S. citizen?		Yes ☐	No ☐	If no, are you authorized to work in the U.S.?				Yes ☐	No ☐
Have you ever worked for Harney SWCD?				Yes ☐	No ☐	If yes, when?			
Are you a veteran?		Yes ☐	No ☐	If yes, what branch and when?					
Have you ever been discharged or forced to resign from any employment?								Yes ☐	No ☐
If yes, please explain:									
Education									
High School:					Address:				
Attended:					Did you graduate?				
College:					Address:				
Attended:					Degree/Certificate?				
Other:					Address:				
Attended:					Degree/Certificate?				

Special Skills and Qualifications

List any skills/qualifications that make you the ideal candidate for this position:

References

Please list three professional references:

1	Full name: _____	Relationship: _____
	Company: _____	Phone/Email: _____
	Address: _____	

2	Full Name: _____	Relationship: _____
	Company: _____	Phone/Email: _____
	Address: _____	

3	Full Name: _____	Relationship: _____
	Company: _____	Phone/Email: _____
	Address: _____	

Employment History

Please list employers for the past five years. Use another page if needed:

Company: _____		Phone: _____	
Address: _____		Supervisor: _____	
Job Title: _____	Dates employed: _____		
Reason for Leaving? _____	May we contact your previous supervisor for a reference?	Yes ☐	No ☐
Responsibilities: _____			

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Dates employed: _____

Reason for Leaving? _____ May we contact your previous supervisor for a reference? Yes No
☐ ☐

Responsibilities: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Dates employed: _____

Reason for Leaving? _____ May we contact your previous supervisor for a reference? Yes No
☐ ☐

Responsibilities: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date