

# Henricopolis Soil & Water Conservation District

## Employment Application

Employees and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the Henricopolis Soil & Water Conservation District (HSWCD) at (804) 501-5176.

1. Applicant's Full Name (Last, First Middle)		2. Position applying for:		3. Salary Required	
4. Address				5. When will you be available to start work?	
6. Home Phone	Cell Phone	Work Phone	Email Address		

### EDUCATION

7. Educ. Level (check one)	<input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> High school graduate or equivalent <input type="checkbox"/> Attended college and/or associate degree <input type="checkbox"/> College graduate	<input type="checkbox"/> Attended graduate school <input type="checkbox"/> Master's degree <input type="checkbox"/> Graduate study beyond master's requirements <input type="checkbox"/> Ph.D. or other professional degree		
8. List below all post-high school degree / certification programs begun or completed.				
Name and Location of Institution	List Degree Received	Major	Minor	Dates Attended
a.				
b.				
c.				
9. Additional/ongoing educational programs – List type of degree/certification and expected completion date:				

### JOB EXPERIENCE

Starting with your most recent position, describe all paid, military, and applicable voluntary experience. Highlight your knowledge, skills and abilities that best demonstrate your qualifications for this position. *Use additional pages, as necessary.*

10. <b>JOB TITLE #1</b> (Most Recent)		Employer		Address	
Type of Business		Supervisor's Name		Supervisor's Position	
Start Date (Mo/Yr)		End Date (Mo/Yr)		Starting Salary	
				Ending Salary	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time					
Duties					
No. Employees Supervised		Equipment Used		Reason for Leaving	
11. May we contact your present supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>12. JOB TITLE #2</b>		Employer		Address	
Type of Business		Supervisor's Name		Supervisor's Position	
Start Date (Mo/Yr)		End Date (Mo/Yr)		Starting Salary	
				Ending Salary	
				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Duties					
No. Employees Supervised		Equipment Used		Reason for Leaving	
<b>13. JOB TITLE #3</b>		Employer		Address	
Type of Business		Supervisor's Name		Supervisor's Position	
Start Date (Mo/Yr)		End Date (Mo/Yr)		Starting Salary	
				Ending Salary	
				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Duties					
No. Employees Supervised		Equipment Used		Reason for Leaving	
<b>14. JOB TITLE #4</b>		Employer		Address	
Type of Business		Supervisor's Name		Supervisor's Position	
Start Date (Mo/Yr)		End Date (Mo/Yr)		Starting Salary	
				Ending Salary	
				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Duties					
No. Employees Supervised		Equipment Used		Reason for Leaving	
<b>15. JOB TITLE #5</b>		Employer		Address	
Type of Business		Supervisor's Name		Supervisor's Position	
Start Date (Mo/Yr)		End Date (Mo/Yr)		Starting Salary	
				Ending Salary	
				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Duties					
No. Employees Supervised		Equipment Used		Reason for Leaving	

**OTHER EXPERIENCE**

16. List any applicable training, seminars, workshops, special achievements or skills, computer software skills, etc.

17. Were you previously employed by HSWCD?  Yes  No If yes, in what capacity?

18. Are you related to a current or former HSWCD employee?  Yes  No If yes, who?

**LICENSES**

Including driver's license, certificates, or other authorization to practice a trade or profession.

19. Type	License Number	Granted By (State, licensing board, school, etc.)

**REFERENCES**

List 3 persons (other than relatives or friends) who have knowledge of your work experience and/or education.

20. Reference Name	City, State	Phone Number	Relationship

**MISCELLANEOUS**

21. Which job status you will accept?  Full-Time  Part-Time

22. Which employment status you will accept?  With Benefits  No Benefits

23. For purposes of compliance with The Immigration Reform and Control Act of 1986, are you legally eligible for employment in the United States? (You will be required to complete an I-9 form and provide documentation of your identity for employment purposes.)  Yes  No

24. For purposes of compliance with Section 2.2-2804 of the Code of Virginia, if you are/were required to register for the Selective Service, have you done so? If no, state reason:  Yes  No

**CERTIFICATION**

- I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment with HSWCD.
- I understand that all information on this application is subject to verification and I consent to criminal history background checks.
- I also consent that you may contact references, former employers and educational institutions listed regarding this application.
- I further authorize HSWCD to rely upon and use, as it sees fit, any information received from such contacts.

25. Applicant's Signature Date

26. How did you find out about this employment opportunity?  
 HSWCD Website  Newspaper  Radio/TV  Current employee  Other Source