



**CLACKAMAS SOIL AND WATER CONSERVATION DISTRICT (CSWCD)
 APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration.

<i>Your last name</i>	<i>Your first name</i>	<i>Your middle name</i>	<i>Phone number</i>
<i>Street address</i>	<i>City</i>	<i>State</i>	<i>Zip code</i>

<i>Position you are applying for</i>	Yes No <i>Will you work full time?</i>	Yes No <i>Will you work part time?</i>
Yes No <i>Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?</i>	Yes No <i>Will you work any shift?</i>	Yes No <i>Will you work overtime, including weekends?</i>
<i>Hourly rate or salary desired</i>	<i>Date available to begin work</i>	<i>Today's date</i>

Yes No <i>Are you legally eligible for employment in the United States?</i>	Yes No <i>Are you 18 years of age or older?</i>
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Yes No <i>Have you ever been terminated from employment or asked to resign by an employer?</i>
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If you answered yes, please list below the dates and company names:

EDUCATION	<i>Name and location of school</i>	<i>Number of years attended</i>	<i>Degree received</i>	<i>Subjects studied or degree major</i>
<i>High school</i>				
<i>College or university</i>				
<i>Trade, business, or correspondence school</i>				
<i>Other school</i>				
<i>Other school</i>				

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Add pages if necessary.

Are you a “Veteran” as defined under Oregon law (ORS 408.225(f))? If you answer "yes" to this question, your service record should be reflected in the Work Experience section of your application. Yes No

Are you a “Disabled Veteran” as defined under Oregon law (ORS 408.225(c))? If you answer "yes" to this question, your service record should be reflected in the Work Experience section of your application. Yes No

<i>From (date)</i>	<i>To (date)</i>	<i>Job title</i>	<i>Hours per week</i>
<i>Employer name</i>		<i>Name and title of immediate supervisor</i>	
<i>Employer address</i>		<i>Telephone</i>	<i>Yes No May we contact this employer?</i>

22055 S. Beavercreek Rd. Beavercreek, OR 97004
Mailing address: 22055 S. Beavercreek Rd. Suite 1, Beavercreek, OR 97004
Ph: 503.210.6000; conservationdistrict.org

<i>Please summarize the nature of the work performed and your job responsibilities</i>
<i>Please describe your reason for leaving</i>

<i>From (date)</i>	<i>To (date)</i>	<i>Job title</i>	<i>Hours per week</i>
<i>Employer Name</i>		<i>Name and title of immediate supervisor</i>	
<i>Employer address</i>		<i>Telephone</i>	<i>Yes No</i> <i>May we contact this employer?</i>
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Please describe your reason for leaving

Please describe any special skills, experience, or training you have acquired that would help you perform the work required for this position.

REFERENCES

Please provide the names and contact information for three people you have known for at least three years and who are not related to you.

<i>Name</i>	<i>Address, Phone, Email</i>

Please read carefully before signing.

The Clackamas Soil and Water Conservation District prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the District. The District is an Equal Opportunity Employer.

I understand that submitting this application does not establish any obligation for CSWCD to hire me. If I am hired, I understand that CSWCD or I can terminate my employment at any time and for any reason, with or without cause, and without prior notice.

By my signature below, I attest that I have given to CSWCD true and complete information on this application. No requested information has been concealed. CSWCD has my permission to contact each prior employer listed above where I have answered Yes to the question, "May we contact your employer?" I authorize CSWCD to contact the references I provided in this application.

If CSWCD finds any information I have provided herein is untrue, or if I have concealed material information, I understand my application for employment may be denied, or if I have been hired, may be cause for immediate dismissal.

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THIS APPLICATION IS ONLY VALID FOR 60 DAYS FROM THE DATE SIGNED AND DATED BY THE APPLICANT.

<i>My signature</i>	
<i>My name (printed)</i>	
<i>Today's date</i>	

OPTIONAL QUESTIONS

<i>How did you hear about this position?</i>	Walk-in Advertisement Referral Other
<i>Have you ever worked for us before?</i>	Yes No If Yes, please explain

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