

Western Conservation District

Employment Application

An Equal Opportunity Employer

Please Print All Information. Read This Before Completing Application.

The Western Conservation District is an equal opportunity employer. All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer employment opportunities to all persons without regard to race, color, religion, age, sex, national origin, or handicap/disability. The use of this form does not mean that there are positions open nor does it obligate the Conservation District in any way. **Answer all questions.**

PERSONAL INFORMATION

POSITION APPLYING FOR:			
Name:		Date:	
Present Address:			
City:		County:	State:
		Zip:	
If at present address less than 1 year give previous address.			
Previous Address:			
City		State:	Zip:
Phone Number Where You May Be Contacted		Alternate Number:	
Do you prefer to be contacted by phone or email?		<input type="checkbox"/> Email <input type="checkbox"/> Phone	Email Address:
Do you certify that you are at least 18 years old?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are under 18, employment is subject to verification that you are of minimum legal age.
Are you a citizen of the U.S. or are you otherwise legally permitted to hold employment in the U.S.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked under another name?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what name?
Do you hold a valid driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what state?
Do you have any motor vehicle violations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes what was the violation and outcome: list below

Have you ever been convicted of a felony in the past seven years? If <input type="checkbox"/> Yes <input type="checkbox"/> No	
yes, state date, court, and place offense occurred:	
What was the final disposition?	
Record will not necessarily bar an applicant from employment. ²	

Are you a veteran of the Armed Services? YES NO

OFFICE USE

Received by WCD

¹ If selected for the position must obtain WV Driver's license within 90 days. ² W. Va. Code § 61-11-26(k).

How would you rate your proficiency level using;

Microsoft Word Basic Intermediate Advanced
 Microsoft Excel Basic Intermediate Advanced
 Microsoft Power Point Basic Intermediate Advanced
 Microsoft Outlook Basic Intermediate Advanced

List other computer programs and proficiency level.

EDUCATIONAL INFORMATION

School	Name & Address	Course of Study	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:
Post Graduate			Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:
Correspondence, Night School, GED, Trade School			Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:

EMPLOYMENT INFORMATION

Have you worked in an agricultural field or have agricultural experience before? Yes No		Rate of pay expected: \$ (per Hr. or Yr.)	
Are you willing to accept employment that requires travel? No <input type="checkbox"/>		Day Travel only	Occasional Overnight
When can you begin work if selected for a position?			
Have you been discharged or requested to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:			
Are you presently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your present employer know you are seeking other employment? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Why do you desire to change employment?

PRIOR WORK RECORD

List last four (4) employers starting with most recent; please complete all information – “See Resume” is not an acceptable response:

Most Recent Employer Name:			
Address:			Phone:
City:			State: Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:	Salary or ending rate of pay:
Duties Performed:			
Reason for Leaving:			
Prior Employer Name:			
Address:			Phone:
City:			State: Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:	Salary or ending rate of pay:
Duties Performed:			
Reason for Leaving:			
Prior Employer Name:			
Address:			Phone:
City:			State: Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:	Salary or ending rate of pay:
Duties Performed:			
Reason for Leaving:			
Prior Employer Name:			

Address:			Phone:	
City:			State:	Zip:
Position:		Supervisor:		
Date Hired:	Date Left:	Starting Salary or Rate of Pay:	Salary or ending rate of pay:	
Duties Performed:				
Reason for Leaving:				

REFERENCES

Do not list relatives or former employers.

Name:		Email		Phone:	
Address:			Occupation:		
City:			State:	Zip:	
Name:		Email		Phone:	
Address:			Occupation:		
City:			State:	Zip:	
Name:		Email		Phone:	
Address:			Occupation:		
City:			State:	Zip:	
Name:		Email		Phone:	
Address:			Occupation:		
City:			State:	Zip:	

MISCELLANEOUS

Note: False statements on this application is grounds for immediate dismissal whenever discovered. Any offer of employment is conditioned upon the results of pre-employment screening tests, such as drug test, criminal history check, driving record, or others.

I certify that I have answered all questions contained herein truthfully. I hereby grant permission to the Western Conservation District to investigate any and all matters pertaining to this application. I further authorize any individual, agency, corporation or association having any information concerning any matters contained in this application to disclose such information to the District upon request. I further agree that I shall not hold either the District or any of its agents liable for damages, if any, resulting from the investigation and disclosure of information concerning the questions asked on this application form.

I understand that, if hired, my employment will be at will and may be terminated by me or by the Western Conservation District at any time with or without cause. I understand that the position I am applying for is through grant funding and that the current level of funding is for three year. I also understand that if the grant funding is terminated for any reason that I will be dismissed from this position due to lack of funding. If hired, I agree to conform to the rules and regulations of the District as set forth in the Policy & Procedure Manual, and I acknowledge that the Policy & Procedure Manual may be changed or withdrawn by the District at any time, at the District's sole option and without prior notice to me.

Applicant Signature:	Date:
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Please attach resume.

Return application and resume to:
Western Conservation District
224-C First Street
Point Pleasant, WV 25550

09/17/2019