



Shenandoah Valley SWCD

1934 Deyerle Avenue, Suite B
Harrisonburg, VA 22801
(540) 433-2583

An Equal Opportunity Employer

Application for Employment

Please print in ink (preferable black) or type
Revised: 5/11/18

Employees of the Shenandoah Valley SWCD 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 contacting the Shenandoah Valley SWCD.

- 1. Position applied for PSNT Technician
 - 2. Date of application _____
 - 3. Full Legal Name _____
 - 4. Home Phone () _____
 - 5. Address _____
 - 6. Cell or Other Phone () _____
 - 7. Email _____
- City State Zip

8. EDUCATION

- a. Check highest grade completed 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma? ____ Yes ____ No
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name of High School and Higher Institution: Degree Received: Major: Minor:

1. _____

2. _____

3. _____

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date. _____

9. EXPERIENCE--- Starting with the most recent, describe ALL paid, military and applicable voluntary experience and explain any gaps.

Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

May we contact your present supervisor? ____ Yes ____ No

- a. **Job Title** _____ **Duties:** _____
Employer _____
Address _____

Phone _____
Type of Business _____
Immediate Supervisor _____
Salary (start) _____ (finish) _____ Number of employees you supervised _____
Dates of employment (mo/yr) _____ - _____ Reason for leaving _____
____ Full-time ____ Part-time ____ Hours/week Your name if different from present _____
- b. **Job Title** _____ **Duties:** _____
Employer _____
Address _____

Phone _____
Type of Business _____
Immediate Supervisor _____
Salary (start) _____ (finish) _____ Number of employees you supervised _____
Dates of employment (mo/yr) _____ - _____ Reason for leaving _____
____ Full-time ____ Part-time ____ Hours/week Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 Phone _____
 Type of Business _____
 Immediate Supervisor _____
 Salary (start) _____ (finish) _____ Number of employees you supervised _____
 Dates of employment (mo/yr) _____ - _____ Reason for leaving _____
 _____ Full-time _____ Part-time _____ Hours/week Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops and special achievements or specialized skills _____

10. **REFERENCES**

List names, email addresses, phone numbers and relationships of three references not related to you who know your qualifications:

Name:	Email Address:	Phone:	Relationship to You:	# of Years Known
1. _____				
2. _____				
3. _____				

11. **MISCELLANEOUS**

- a. Are you able to meet the attendance requirements of this position? Yes No
- b. Will you work overtime if required? Yes No If **no**, please explain _____
- c. For the purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No If hired, you are required to complete a certification verifying that you are eligible to be employed as well as verifying your identity per the Immigration Reform and Control Act of 1986; you are also required to provide documentation to support this certification.
- d. Do you have a valid driver's license? Yes No
- e. Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? Yes No
- f. Have you ever plead guilty or been convicted for any violations of the law, including moving traffic violations? Yes No
 If **yes**, please provide date(s) and details _____
- g. When are you available to start work? 2 weeks notice Other _____

12. **CERTIFICATION**—Each application requires current date and original signature

I hereby certify that all entries included in this application 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 to any employment with the SVSWCD. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the SVSWCD to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

I certify that I have read, fully understand and accept all terms of the above statement.

 Applicant Signature

 Date

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes only. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic (includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture, regardless of race)
- Asian & Asian American (including Indians and Pacific Islanders)
- American Indian (including Alaskan or Alaskan Native)
- Other

Check the block for the highest level of education completed

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate date of birth ____/____/____

Position applied for: _____

FOR OFFICE USE ONLY

EEO Category: _____

How did you learn of this employment opportunity?

- Newspaper*
- Radio/TV*
- VEC
- Agency Website
- Other (please specify)

*specify name of newspaper or other media