



Shenandoah Valley SWCD

1934 Deyerle Avenue, Suite B
Harrisonburg, VA 22801
(540) 534-3105

An Equal Opportunity Employer

Application for Employment

Please print in ink (preferable black) or type
Revised: 9/18/2025

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 _____
2. Date of application _____
3. Full Legal Name _____
4. Cell Phone () _____
5. Address _____

City

State

Zip

6. Email _____

7. EDUCATION

Name of Institution:	Degree Received:	Major:	Minor:
1. _____			
2. _____			
3. _____			

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

8. **EXPERIENCE**--- Use *Supplementary Experience Form* for additional space. **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 _____
Employer _____
Address _____

Phone _____
Type of Business _____
Immediate Supervisor _____
Salary (start) _____ (finish) _____
Dates of employment (mo/yr) _____ - _____
____ Full-time ____ Part-time ____ Hours/week | Duties:

Number of employees you supervised _____
Reason for leaving _____
Your name if different from present _____ |
| b. Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Immediate Supervisor _____
Salary (start) _____ (finish) _____
Dates of employment (mo/yr) _____ - _____
____ Full-time ____ Part-time ____ Hours/week | Duties:

Number of employees you supervised _____
Reason for leaving _____
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 _____

- e. License (to include driver's), certificate or other authorization to practice a trade or profession

Type: _____ License Number: _____ Granted by (licensing board): _____

1. _____
2. _____
3. _____

9. 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. Type of employment desired: ☐ Full-time ☐ Part-time ☐ Seasonal ☐ Temporary ☐ Student Intern
- b. Are you able to meet the attendance requirements of this position? ☐ Yes ☐ No
- c. Will you work overtime if required? ☐ Yes ☐ No If **no**, please explain _____
- d. Will you travel if the job requires it? ☐ Yes ☐ No If **yes**, ☐ During the day only ☐ Occasionally overnight
- e. What is your desired salary range or hourly rate of pay? \$ _____ Per _____
- f. 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.
- g. Are you able to provide your own transportation if necessary for your employment? ☐ Yes ☐ No
- h. Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
☐ Yes ☐ No
- i. When are you available to start work? ☐ 2 weeks notice ☐ Other _____

11. 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

Supplementary Experience Form

Name _____

Position Applied for _____

Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Immediate Supervisor _____

Salary (start) _____ (finish) _____
Dates of employment (mo/yr) _____ - _____
_____ Full- time _____ Part-time _____ Hours/week

Duties:

Number of employees you supervised _____
Reason for leaving _____
Your name if different from present _____

Job Title _____
Employer _____
Address _____

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Type of Business _____
Immediate Supervisor _____

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