



2021 E College Way, Ste 203
Mount Vernon, WA 98273-2373
360-428-4313

The Skagit Conservation District is an equal opportunity employer and shall not discriminate against an employee or applicant for employment because of race, color, religion, sex, age, marital status, national origin, or physical disability and any other basis protected by statute are not factors in employment, promotion and/or compensation unless based upon a bona fide occupational qualification.

COMPLETE ALL INFORMATION, INCOMPLETE APPLICATIONS MAY DELAY OR DISQUALIFY YOU.

APPLICATION FOR EMPLOYMENT

Full Name: _____
Last First M.I. Date: _____

Address: _____
Street Address Apartment/Unit

City State Zip Code

Phone: _____ Cell Phone: _____ E-Mail Address: _____

Are you 18 years or older? Yes No Do you possess a valid driver's license? Yes No

Have you applied for employment at SCD before? Yes No If yes, when: _____ Position? _____

Have you ever worked for SCD? Yes No If yes, when: _____ Position? _____

I have read the job description and can perform the duties without an accommodation. Yes No If no, explain: _____

Have you been convicted of a felony in the last 7 years? Yes No If yes, explain: _____

Have you served in the Armed Forces? Yes No If yes, when? _____

Do you have skills or experience gained through hobbies, volunteer work, etc. relevant to the position? Yes No If yes, explain: _____

Have you graduated from High School or passed the GED? Yes No If no, explain: _____

We'd like to know how you heard about this position. _____ How or where?: _____

Are you employed now? Yes No If no, explain: _____ Date you can start if offered this position? _____

If yes, may we contact your present employer? Yes No If no, explain: _____ Starting salary desired if offered this position: _____

Position applying for: _____

List professional memberships and offices held in those organizations. _____

MAIL OR BRING APPLICATION TO:
Skagit Conservation District, 2021 E. College Way, Suite 203
Mount Vernon, WA 98273-2373

EDUCATION

Name of School	Location:		Main Course of Study	Did you graduate?		Grade Average	Degree Received
	City	State		Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

Relevant Professional Certificates and/or Licenses:

SKILLS RELATED TO THIS POSITION:	LEVEL OF ABILITY	AMOUNT OF EXPERIENCE

EMPLOYMENT HISTORY

Beginning with your present or most recent employment, list all your work experience for at least the past 10 years, including periods of self-employment, volunteer activities, & U.S. military service. Attach separate sheets if necessary (attached).

Company or individual Name:		
Address:	Supervisor:	
Job Title:		
Summary of Responsibilities:		

<small>Dates employed</small>	From:	To:	Reason for leaving:	
	May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>	Supervisor Phone: ()

Company or individual Name:		
Address:	Supervisor:	
Job Title:		
Summary of Responsibilities:		

<small>Dates employed</small>	From:	To:	Reason for leaving:	
	May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>	Supervisor Phone: ()

Company or individual Name:		
Address:	Supervisor:	
Job Title:		
Summary of Responsibilities:		

<small>Dates employed</small>	From:	To:	Reason for leaving:	
	May we contact your previous supervisor for a reference?	<input type="checkbox"/>	<input type="checkbox"/>	Supervisor Phone: ()

IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH SEPARATE SHEET (see attached at end of application)

REFERENCES

REFERENCES: List three people who have known you for at least one year, who were not your work supervisors, but are knowledgeable about your character and skills related to the job you are applying for, such as a work colleague, customer, and/or someone who has worked with you on a volunteer committee or project.

Full Name: _____ Phone No: _____
Type of reference: Professional Personal Email: _____
Years Acquainted: _____

Full Name: _____ Phone No: _____
Type of reference: Professional Personal Email: _____
Years Acquainted: _____

Full Name: _____ Phone No: _____
Type of reference: Professional Personal Email: _____
Years Acquainted: _____

DISCLAIMER, RELEASE OF INFORMATION, AND SIGNATURE

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge, and that I have withheld nothing, which, if disclosed, would affect this application unfavorably.

I authorize the Skagit Conservation District to contact all of my former or present employers, schools or persons named as references on this application for the purposes of verification and reference, to give any information regarding my employment or my educational record for use in determining my qualifications for this position. This may include information of a confidential or privileged nature, to include but is not limited to reviewing my personnel file, contacting any references, and/or contacting anyone else who might be familiar with my past job performance. I agree that the Skagit Conservation District and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements or omissions made by me on this application. If the Skagit Conservation District employs me, I will comply with all rules and regulations as set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents that have been supplied with this application.

I further understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

I acknowledge that I have read and understand the above statements.

Signature _____ Date _____

ATTACHMENTS TO APPLICATION:

- 1. Immigration Reform & Control Act Requirement
- 2. General description of conservation districts
- 3. Employment History continued sheet

IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

In compliance with the Immigration Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United State prior to beginning work here at this company. Please be prepared to provide any of the following documentation if you are offered and accept a position with us:

1. U.S. Passport
2. Certificate of U.S. citizenship (issued by Immigration & Naturalization Service)
3. Certificate of Naturalization (issued by Immigration & Naturalization Service)
4. Unexpired foreign passport with unexpired endorsement authorizing employment
5. Resident alien card or other alien registration card with photo or other approved identifying information, which evidences employment authorization.

OR one from List A and one from List B:

List A: These establish employment authorization:

1. Social Security Card (unless it specified that it doesn't authorize employment)
2. Certificate of U.S. birth or other documentation which establishes U.S. nationality or birth
3. Other approved documentation

List B: These establish identity:

1. Driver's license or similar state I.D. card with photo or other approved identifying information
2. Other approved documentation of identity for applicants under age 16 or in a state which does not issue an I.D. card (other than a driver's license)

**THIS VERIFICATION PROCESS IS A REQUIREMENT FOR ALL EMPLOYEES
HIRED ON OR AFTER NOVEMBER 6, 1986**

EMPLOYMENT HISTORY CONTINUED

Attach this separate sheets if necessary for additional information

Company or individual Name: _____
Address: _____ Supervisor: _____
Job Title: _____
Summary of Responsibilities: _____

Dates employed
From: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor for a reference? Yes No Supervisor
 Phone: _____ ()

Company or individual Name: _____
Address: _____ Supervisor: _____
Job Title: _____
Summary of Responsibilities: _____

Dates employed
From: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor for a reference? Yes No Supervisor
 Phone: _____ ()

Company or individual Name: _____
Address: _____ Supervisor: _____
Job Title: _____
Summary of Responsibilities: _____

Dates employed
From: _____ To: _____ Reason for leaving: _____
May we contact your previous supervisor for a reference? Yes No Supervisor
 Phone: _____ ()