



Hutchinson Conservation District
459 E Hwy 18
Menno, SD 57045
(605) 387-5539
hutchcd@gwtc.net

JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE AVAILABLE: _____

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN? YES NO

DO YOU HAVE A DRIVER LICENSE? YES NO

HAVE YOU EVER DONE CONSERVATION WORK BEFORE? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

YEARS: _____ GRADUATE? YES NO

COLLEGE: _____ CITY / STATE: _____

YEARS: _____ GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

YEARS: _____ DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ PHONE: _____

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

RESPONSIBILITIES: _____ JOB TITLE: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ FROM: _____ TO: _____
ADDRESS: _____ PHONE: _____
STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY
RESPONSIBILITIES: _____ JOB TITLE: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ FROM: _____ TO: _____
ADDRESS: _____ PHONE: _____
STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY
RESPONSIBILITIES: _____ JOB TITLE: _____
REASON FOR LEAVING: _____

REFERENCES

FULL NAME: _____ RELATIONSHIP: _____
TITLE: _____ PHONE: _____
FULL NAME: _____ RELATIONSHIP: _____
TITLE: _____ PHONE: _____
FULL NAME: _____ RELATIONSHIP: _____
TITLE: _____ PHONE: _____

DISCLAIMER

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE _____

PRINT NAME _____

PRIVACY ACT STATEMENT: THIS INFORMATION IS PROVIDED TO COMPLY WITH THE PRIVACY ACT (PL 93:679). USC 301 AND 7 CFR 260 AUTHORIZE ACCEPTANCE OF THE INFORMATION REQUESTED ON THIS FORM. THE DATA WILL BE USED TO CONTACT APPLICANTS AND TO INTERVIEW, SCREEN, AND SELECT THEM FOR WORK ASSIGNMENTS. FURNISHING THIS DATA IS VOLUNTARY.