



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.