Livingston County Soil and Water
Conservation District
P.O. Box 453 Geneseo,
NY 14454

Phone: 585 489-6274
www.livingstoncountynyswcd.gov

Application for Employment

Please fill out this form completely and accurately. Print clearly in blue/black ink or type. **Signature will only be accepted in blue or black ink.** Attach 8 ½" x 11" sheets if necessary, to provide required information.

Name and Legal Residence:

_____
Last Name First Name Middle Initial

_____
Street City State Zip

Mailing Address:_____
(if different from above) Street City State Zip

Phone: (_____)_____ (_____)_____ (_____)_____
Home Business Cell

Email Address:_____

1. Are you 18 years of age or older?	☐ YES ☐ NO
2. Are you a citizen of the United States?	☐ YES ☐ NO
3. Do you have a High School diploma? If yes, name and location of school: _____ _____	☐ YES ☐ NO
Or, a High School Equivalency Diploma (GED)?	☐ YES ☐ NO
If yes, please provide the Government Authority (GED) Number: _____	
4. Please check college degree program(s) completed:	☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate

Driver's License Information

Number: _____State:_____Date of Expiration:_____

Class of License:_____Endorsements:_____Restrictions:_____

Name:_____
Last Name First Name Middle Initial

Advanced Education:				
Indicate College or University Below	**Type of Degree Pursued or Earned**	**Major**	**Did you graduate?**	**Degree Expected**
Name of School:			☐YES ☐NO	MO/YR
Address (City, State):				
Name of School:			☐YES ☐NO	MO/YR
Address (City, State):				
Name of School:			☐YES ☐NO	MO/YR
Address (City, State)				

Experience: Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the position. Please be accurate and clear, but brief in your description of duties, as you are required to submit a resume providing this detail in addition to this application. Attach additional 8 ½" x 11" sheets if necessary.

Length of Employment Mo/Yr to Mo/Yr	Employer	Address	City, State, Zip Code

Hours worked Per week	Please check work type ☐Paid ☐Volunteer	Duties:
Your Title:		
Type of Business:		
Name and Title of Supervisor:		
Reason for Leaving:		

Name:____

Last Name First Name Middle Initial

Length of Employment Mo/Yr to Mo/Yr	Employer	Address	City, State, Zip Code
Hours worked Per week	Please check work type ☐Paid ☐Volunteer	Duties:	
Your Title:			
Type of Business:			
Name and Title of Supervisor:			
Reason for Leaving:			
Length of Employment Mo/Yr to Mo/Yr	Employer	Address	City, State, Zip Code
Hours worked Per week	Please check work type ☐Paid ☐Volunteer	Duties:	
Your Title:			
Type of Business:			
Name and Title of Supervisor:			
Reason for Leaving:			
Length of Employment Mo/Yr to Mo/Yr	Employer	Address	City, State, Zip Code
Hours worked Per week	Please check work type ☐Paid ☐Volunteer	Duties:	
Your Title:			
Type of Business:			
Name and Title of Supervisor:			
Reason for Leaving:			

Name:_____

Last Name First Name Middle Initial

Complete All Questions:		
☐YES	☐NO	Were you ever discharged from any employment except for lack of work or funds, disability, or medical condition?
☐YES	☐NO	Did you ever resign from any employment rather than face discharge?
☐YES	☐NO	Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?
☐YES	☐NO	Have you ever been convicted of any crime (felony or misdemeanor)? For crimes other than traffic violations, you must provide a Certificate of Conviction from the sentencing court, in or out of state, for each and every conviction. You must also provide any applicable Certificate of Relief from Disability or Certificate of Good Conduct from the Department of Corrections & Community Supervision, if you qualify for, and wish to have the same considered.

If you answered **(YES)** to any of these questions, provide details on a separate 8 ½" x 11" sheet of paper attached to this application. Your failure to answer any of these questions or to provide details will significantly delay determination concerning your qualifications and may deprive you of potential employment opportunities.

Background Investigation

Applicants may be required to undergo a State and National criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

Statement:

I affirm under penalties of perjury that all statements made on this application and all submitted documents are true and complete to the best of my knowledge. I understand that all statements made by me in conjunction with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I authorize Livingston County Soil and Water Conservation District to contact schools/colleges and former employers cited in my application or submitted documents, in order to verify work record and/or educational credentials. I understand that acceptance of this application for employment by Livingston County Soil and Water Conservation District does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.

Signature:_____Date_____

*****Signature only accepted in blue or black ink*****

Livingston County Soil and Water Conservation District is an Equal Opportunity/Affirmative Action Employer

The policy of the Livingston County Soil and Water Conservation District is to provide and promote the equal opportunity of employment, compensation, and other terms and conditions of employment without discrimination because of age, race, color, religion, national origin, sex, disability, military status, sexual orientation, marital status, or criminal record.