

STEPHENSON SOIL AND WATER CONSERVATION DISTRICT POSITION APPLICATION

Name _____

Home Address _____

Phone _____

Date Available for Employment _____ Expected Salary _____

Work Experience

List and describe your work experience. Begin with your **present position and work backwards**. Include title changes resulting in promotions. List pertinent military experience. List college internships/practicums successfully completed. List each change in payroll title and the appropriate dates of employment for each title and the numbers of hours worked per week.

CURRENTLY (OR LAST)

EMPLOYED BY: _____ DATES OF EMPLOYMENT: FROM _____ TO _____

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____

MONTHLY SALARY: STARTING _____ ENDING _____

PAYROLL TITLE: _____ HOURS WORKED PER WEEK _____

PART TIME: YES _____ NO _____ AVERAGE HOURS WORKED PER WEEK _____

IF YOU HAD SUPERVISORY RESPONSIBILITY, LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX OR BOXES BELOW:

MANUAL/TRADES

CLERICAL/TECHNICAL

PROFESSIONAL

ADMINISTRATIVE

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES

REASON FOR LEAVING: _____

EMPLOYED BY: _____ DATES OF EMPLOYMENT: FROM _____ TO _____

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____

MONTHLY SALARY: STARTING _____ ENDING _____

PAYROLL TITLE: _____ HOURS WORKED PER WEEK _____

PART TIME: YES _____ NO _____ AVERAGE HOURS WORKED PER WEEK _____

IF YOU HAD SUPERVISORY RESPONSIBILITY, LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX OR BOXES BELOW:

MANUAL/TRADES

CLERICAL/TECHNICAL

PROFESSIONAL

ADMINISTRATIVE

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES

REASON FOR LEAVING: _____

EMPLOYED BY: _____ DATES OF EMPLOYMENT: FROM _____ TO _____
 ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____

PAYROLL TITLE: _____ MONTHLY SALARY: STARTING _____ ENDING _____
 PART TIME: YES _____ NO _____ AVERAGE HOURS WORKED PER WEEK _____
 HOURS WORKED PER WEEK _____

IF YOU HAD SUPERVISORY RESPONSIBILITY, LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX OR BOXES BELOW:

MANUAL/TRADES	CLERICAL/TECHNICAL	PROFESSIONAL	ADMINISTRATIVE
<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES

REASON FOR LEAVING _____

REFERENCES:

LIST NAME, ADDRESS AND PHONE NUMBER OF THREE REFERENCES AND YEARS KNOWN. (NOT RELATIVES)

- 1) _____
- 2) _____
- 3) _____

FORMAL EDUCATION

List your education accurately and completely. Proof of education, training and military service claimed must be submitted at time of hire. These documents are not required at time of examination. Each application must be complete since applications previously submitted are not reviewed.

HIGH SCHOOL CIRCLE NO. OR APPROPRIATE ANSWER YEARS COMPLETED 1 2 3 4 GRADUATED? YES NO		OR GED RECEIVED CERTIFICATE? YES NO		COLLEGE - UNIVERSITY CIRCLE NO. OR APPROPRIATE BOX YEARS COMPLETED 0 1 2 3 4 5 6 7 8 GRADUATED? YES NO						
BUSINESS, TRADE OR CORRESPONDENCE SCHOOL NAME AND LOCATION	FROM		TO		TIME		SUBJECTS	LENGTH OF COURSE	COMPLETED?	
	MO	YR	MO	YR	FULL	PART				
ILLINOIS DRIVERS LICENSE CDL: A B	CLASS RATING(S) (CIRCLE BELOW) NON CDL: A B C D L M			EDR: X N	REST:	LICENSE NUMBER	DATE ISSUED MO. YR.		CURRENT? YES NO	
TECHNICAL/PROFESSIONAL LICENSE	NUMBER			STATE IN WHICH ISSUED			DATE ISSUED MO. YR.		CURRENT? YES NO	
TYPE OF INTERNSHIP	FACILITY NAME - CITY AND STATE						DATE FROM MO. YR.		TO MO. YR.	
NAME AND ADDRESS OF COLLEGES OR UNIVERSITIES ATTENDED	TOTAL NO. OF HOURS EARNED				NAME OF MAJOR	NAME OF MINOR	DATE ATTENDED		TYPE OF DEGREE EARNED	DATE DEGREE AWARDED
	SEM. HRS (OR) QTR. HRS (OR) UNITS		FROM	TO						
UNDERGRADUATE: (NAME/CITY/STATE)							MO YR	MO YR		MO YR
							/	/		/
GRADUATE: (NAME/CITY/STATE)							/	/		/
							/	/		/

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I certify that all statements made within this document are true to the best of my knowledge.

Signature of Applicant _____ Date _____