

**MERCER COUNTY  
SWCD**

AN EQUAL OPPORTUNITY EMPLOYER

**APPLICATION FOR EMPLOYMENT**

**PAGE 1 OF 5**

Instructions: Please complete this form completely and accurately. Please type or use a pen and print clearly.

**SECTION I - PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First MI Social Security #

Street Address City State County Zip Code

Home Telephone # Work Telephone #

Are you at least eighteen (18) years of age?  Yes  No

Are you prevented from lawfully becoming employed by Mercer County SWCD because of VISA or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

Best Time to contact you by phone at: Home: \_\_\_\_\_ Work: \_\_\_\_\_

**SECTION II - WORK PREFERENCES**

Position(s) applied for Date of Application

Are you applying for:  Full-time work  Part-time work  No preference

Are you interested in:  
 Permanent work  Intermittent work  Temporary work  
 Seasonal work  No preference

Are you currently on "lay-off" status and subject to recall?  Yes  No

Minimum salary expectation: \_\_\_\_\_

Date available to start: \_\_\_\_\_

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**PAGE 2 OF 5**

**SECTION III - WORK REFERENCES**

**Employment History Including Military Service If Applicable (In chronological order beginning with the most recent):**

1. _____ Employer's Name _____ Street Address _____ City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____ Your Salary: Beginning: _____ End: _____
Describe your duties, responsibilities, equipment operated, etc. for position(s) held: _____ _____ _____		
Describe your reason(s) for leaving: _____ _____		

2. _____ Employer's Name _____ Street Address _____ City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____ Your Salary: Beginning: _____ End: _____
Describe your duties, responsibilities, equipment operated, etc. for position(s) held: _____ _____ _____		
Describe your reason(s) for leaving: _____ _____		

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SWCD**

AN EQUAL OPPORTUNITY EMPLOYER

**APPLICATION FOR EMPLOYMENT**

**PAGE 3 OF 5**

3. _____ Employer's Name _____ Street Address _____ City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____ Your Salary: Beginning: _____ End: _____
Describe your duties, responsibilities, equipment operated, etc. for position(s) held: _____ _____ _____		
Describe your reason(s) for leaving: _____ _____		

4. _____ Employer's Name _____ Street Address _____ City/State/Zip _____ Supervisor's Name	Dates Employed: From: _____ Month/Year To: _____ Month/Year	Your Job Title: Beginning: _____ End: _____ Your Salary: Beginning: _____ End: _____
Describe your duties, responsibilities, equipment operated, etc. for position(s) held: _____ _____ _____		
Describe your reason(s) for leaving: _____ _____		

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5.  Employer's Name _____  Street Address _____  City/State/Zip _____  Supervisor's Name _____	<b>Dates Employed:</b>  From: _____ Month/Year  To: _____ Month/Year	<b>Your Job Title:</b>  Beginning: _____  End: _____  <b>Your Salary:</b>  Beginning: _____  End: _____
Describe your duties, responsibilities, equipment operated, etc. for position(s) held: _____ _____ _____		
Describe your reason(s) for leaving: _____ _____		

## SECTION IV - EDUCATION AND TRAINING

	Formal Education	College	Technical School
School Name and Location:			
Years Completed	●●●●●●●●●●○●○●	●●●●● Above	●●●● Above
Diploma/Degree/Major			
Other School(s) attended:			
Please describe the courses you took, technical training you received, or skills you have attained which you feel would help you perform the job for which you are applying (e.g., special machines or equipment you operate, hobbies or volunteer work projects which have taught you qualifying skills, etc.): _____ _____ _____ _____			

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**PAGE 5 OF 5**

**SECTION V - MISCELLANEOUS**

The following information will be used only if it is directly related to the classification/position for which you are applying.)

Have you ever been employed in the state or county service of the state of Ohio?

Yes     No

Have you any job-related training in the U.S. Military?

Yes     No

Have you ever filed an application here before?

Yes     No

Have you ever been employed here before?

Yes     No

If you answered yes to any of the questions above, please explain:

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**REFERENCES**

Please give the name, address, and phone number of three references not related to you who would know of your skills for this position:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**DECLARATION / AUTHORIZATION**

I hereby declare that the information provided by me in this application for employment is true, correct, and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

**I authorize you to obtain information through contacts with my former employers and references listed above.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date