



APPLICATION FOR EMPLOYMENT

The Grand Traverse Conservation District accepts employment applications only for specific positions which are open and solicited. Unsolicited applications will not be accepted.

To the Applicant: The District appreciates your interest in employment with the District and assures you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in determining which applicant best fits our needs.

The Grand Traverse Conservation District is an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a non job-related medical condition or handicap.

Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. A person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known. Failure to properly notify the District will preclude any claim that the employer failed to accommodate the handicapper.

PLEASE PRINT IN INK

PERSONAL:

Name: _____ Date of Application: _____
(Last) (First) (M.I.)

Address: _____
(Street Address) (City) (State) (Zip)

Phone: _____
(Home) (Work) (Cell/other)

Email address _____

Last 4 (four) digits of Social Security #: _____

Are you 18 years or older? Yes _____ No _____ (you will be required to obtain a work permit)

Are you authorized to work in the United States? Yes _____ No _____

Have you been previously employed here? Yes _____ No _____ If yes, date(s) _____ to _____

Supervisor name(s): _____

List any friends or relatives working here: _____

EMPLOYMENT DESIRED

Position(s) applied for: _____

Would you accept: Full time _____ Part Time _____ Temporary _____

If part-time, please specify hours and days desired: _____

Hourly wage desired: _____ Date available to start work: _____

EDUCATION

Type of School	Name of School & Address	Number of years or credit hours	Diploma/ Degree Received	Course of Study
High School				
College				
Graduate School				
Other schooling or military service				

Please list any additional skills that may be relevant to your employment here: e.g., keyboarding speed, proficiency with computer software programs, number of years of supervisory experience.

DRIVING/CRIMINAL BACKGROUND

Have you **ever** been convicted of a misdemeanor or felony offense? Yes _____ No _____

Have you **ever** had any traffic offenses/moving violations which you did not contest or for which you were found guilty? Yes _____ No _____

Do you have a current valid driver's license? Yes _____ No _____

If yes, License #: _____ State: _____

If you have answered yes to any of the questions above regarding prior/pending offenses, fill in the necessary data in the boxes below. (A conviction record will not necessarily bar employment. Factors such as age and date at time of offense, seriousness and nature of violation, and rehabilitation will be considered).

Date (approximate)	Offense	City/State	Disposition (paid fine, etc.)

EMPLOYMENT EXPERIENCE (list current or most recent job first/Explain gaps/**Fill out completely**)

Employer	Dates		Work Performed (describe)
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Ending	
Reasons for seeking new employment			May we contact this employer? Yes___ No___, explain:
Supervisor	Phone:		

Employer	Dates		Work Performed (describe)
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Ending	
Reasons for seeking new employment			May we contact this employer? Yes___ No___, explain:
Supervisor	Phone:		

Employer	Dates		Work Performed (describe)
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Ending	
Reasons for seeking new employment			May we contact this employer? Yes___ No___, explain:
Supervisor	Phone:		

Employer	Dates		Work Performed (describe)
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Ending	
Reasons for seeking new employment			May we contact this employer? Yes___ No___, explain:
Supervisor	Phone:		

REFERENCES

Name	Address	Phone	Years/ Acquainted

AUTHORIZATION AND UNDERSTANDING

I understand that each applicant appointed to a position with the Grand Traverse Conservation District must meet the requirements of the position which may include the successful completion of oral, written, physical and/or medical examination, confidential investigation, including being fingerprinted and to the submission of such fingerprints to any law enforcement agency, or submission of any documents that may be deemed necessary by the District. I authorize the District to verify any of the information concerning my employment, education, criminal or driving history with the appropriate individuals, companies, institutions, or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize the District to disclose information from my personnel file as requested by prospective employers without providing me any written notice. I affirm that all the information contained in this Application is true and complete and that any misrepresentation, falsification, or willful omission herein will cause forfeiture on my part of all rights of employment with the District and may subject me to discharge at any time during the period of my employment. I understand that if I am being considered for a position that requires a periodic examination or current license, registration, or certification, failure to successfully be certified for continued performance may result in termination of employment.

I understand that if I am hired, the District may change the wages, benefits, hours and any other condition of employment from time to time. Employment with the District is for no definite time period and can be terminated by me or the District at any time per the District's personnel policy. I also understand that the rules and regulations of the District are subject to change and that the District's previous customs and work practices are also subject to change. Finally, I understand that no one other than the District's Executive Director or Board of Directors has any authority to enter into an agreement for employment for a specified period of time or to make any agreement that is contrary to this statement. Any such agreement with the District must be in writing or it shall not be binding.

I agree that any action or suit against the District arising out of my employment or termination of employment, including but not limited to, claims arising out of my Application for employment, employment, or termination under state or federal civil rights statutes, must be brought within one year of the event giving rise to the claims, or be forever barred. I waive any limitation periods to the contrary.

Applications which are not signed shall not be considered for employment.

Signature of Applicant _____ Date _____

Printed name of Applicant _____

Due to the number of applications received, it is not possible to notify all applicants, in writing, when a position is filled.