

Catoctin and Frederick Soil Conservation Districts

**92 Thomas Johnson Drive, Suite 230
Frederick, Maryland 21702**

Application for Employment

Name : _____
Last
First
Middle

Address: _____
Number, Street, Apt.

City: _____ State: _____ Zip: _____

Phone: _____
Primary
OK to leave msg?
Work
OK to leave msg?
Alternate
OK to leave msg?

Email Address:: _____

Position being Applied For: _____
 If applying for more than one position, please fill out a separate application for each position.

Do you have a valid Driver's License? _____ Yes _____ No.

Education and Training

Do you have a high school diploma or GED?__ Yes __ No If no, highest grade completed?__

School: _____ Address (City, State): _____

Dates attended: _____ - _____ Major course of study: _____
From
To

College and Graduate School Education

Name/Location of School(s)	Dates Attended	Major	# of Credits Earned	Type of Degree	Degree Earned?

Specialized Training or Classes Relevant to the Job

Title of Program/Course(s)	Company/School	Dates Attended	# of Credits Earned	Diploma/Certificate Received?

Please submit a copy of any relevant professional or trade licenses or certifications with this application.

Work Experience

List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. Attach additional sheets of paper if necessary. If your title and duties changed in the course of your service in any one organization, indicate such changes clearly and as separate employment. Please do not submit a resume in lieu of completing this portion of the application. Be sure that the information included in this section demonstrates that you meet the experience qualifications for the job for which you are applying.

Job Number 1: (Current or Most Recent)

Name of Employer:	Employer's Address (Street, City, State, Zip Code):
Type of Business:	Supervisor's Name, Title and Phone Number:
Your Job Title:	Do you supervise other employees?
	Yes ___ No ___ How Many? _____
Dates of Employment (From <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	
Is your position considered full-time? ___ Yes ___ No How many hours do you work per week? _____	
Job Duties:	
Reason for Leaving:	

Job Number 2:

Name of Employer:	Employer's Address (Street, City, State, Zip Code):
Type of Business:	Supervisor's Name, Title and Phone Number:
Your Job Title:	Do you supervise other employees? Yes ___ No ___ How Many? _____
Dates of Employment (From <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	
Is your position considered full-time? ___ Yes ___ No How many hours do you work per week? _____	
Job Duties:	
Reason for Leaving:	

Job Number 3:

Name of Employer:	Employer's Address (Street, City, State, Zip Code):
Type of Business:	Supervisor's Name, Title and Phone Number:
Your Job Title:	Do you supervise other employees? Yes ___ No ___ How Many? _____
Dates of Employment (From <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	
Is your position considered full-time? ___ Yes ___ No How many hours do you work per week? _____	
Job Duties:	
Reason for Leaving:	

Job Number 4:

Name of Employer:	Employer's Address (Street, City, State, Zip Code):
Type of Business:	Supervisor's Name, Title and Phone Number:
Your Job Title:	Do you supervise other employees? Yes ___ No ___ How Many? _____
Dates of Employment (From <u>Month/Day/Year</u> To: <u>Month/Day/Year</u>):	
Is your position considered full-time? ___ Yes ___ No How many hours do you work per week? _____	
Job Duties:	
Reason for Leaving:	

YOU MAY BE TESTED FOR ILLEGAL DRUG USE.

Have you ever been convicted of any violation of law other than a minor traffic violation? ___ Yes ___ No
If yes, give the date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from employment. (Please write this information on a separate sheet of paper and attach it to the application).

Date

Signature of Applicant

Catoctin/Frederick SCD – An Equal Opportunity Employer