



**EMPLOYMENT APPLICATION**

**Instructions:**

Please print or type your responses. Submit this application, cover letter, and resume to [admin@minnehahacreek.org](mailto:admin@minnehahacreek.org) to apply for a position with Minnehaha Creek Watershed District (MCWD). MCWD is an equal opportunity employer.

**General Information**

Position applying for \_\_\_\_\_ Date of application \_\_\_\_\_  
Date available to begin work \_\_\_\_\_ Salary Expectation \_\_\_\_\_  
How did you hear about the position? \_\_\_\_\_  
Are you currently employed? No \_\_\_ Yes\_\_\_ If yes, may we contact your current employer? Yes \_\_\_ No \_\_\_  
Reason(s) for leaving your current or last position \_\_\_\_\_

**Personal Information**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_  
Street address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Are you able to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you related to any MCWD employee or board member? No \_\_\_ Yes \_\_\_ If yes, name \_\_\_\_\_  
Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ State \_\_\_\_\_ Expiration date \_\_\_\_\_ Class \_\_\_\_\_

**Professional References**

- 1. Full name \_\_\_\_\_ Years Known \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_
- 2. Full name \_\_\_\_\_ Years Known \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_
- 3. Full name \_\_\_\_\_ Years Known \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

*We collaborate with public and private partners to protect and improve land and water for current and future generations.*



**Veteran's Preference**

Do you wish to apply for veteran's preference points? Yes \_\_\_\_ No \_\_\_\_

Preference type requested:

Veteran \_\_\_\_ Disabled Veteran \_\_\_\_ Spouse of Veteran \_\_\_\_ Spouse of Disabled Veteran \_\_\_\_

Veteran's name \_\_\_\_\_ Type of discharge \_\_\_\_\_

Dates of service \_\_\_\_\_ Branch of service \_\_\_\_\_

Instructions: You must supply a copy of your DD214. Disabled veterans must also supply a Form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate and the Veteran's DD214 and FL-802 or death certificate.

**Information Release, Disclaimer, and Signature**

I understand that information I have provided in this written application may be classified as public per Minnesota Statutes, Chapter 13. I authorize MCWD the right to solicit and receive verification of all information contained in this application and accompanying documents from any and all sources that are necessary, in the opinion of the district, to verify the information I have provided. I hereby hold MCWD harmless and waive my right to pursue action against the district for denial of employment based on information reasonably obtained from other sources about my application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In the event of an offer and acceptance of employment with MCWD, I understand that false or misleading information provided by me in this application is grounds for termination of employment without recourse. I further understand that employment with the district is subject to all policies, procedures, and rules maintained by the district.

I certify that my answers are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

