



# Harrison County Conservation Board Application for Seasonal Employment

INSTRUCTIONS: PRINT CLEARLY OR TYPE ALL ANSWERS. USE A SEPARATE SHEET OF PAPER FOR ADDITIONAL INFORMATION OR EXPLANATIONS.

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE INDICATE POSITION APPLYING FOR:

CONSERVATION INTERN: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY SPECIFIC COURSES OR TRAINING WHICH YOU HAVE COMPLETED THAT WOULD AID IN THE PERFORMANCE OF THE POSITION FOR WHICH YOU ARE APPLYING:

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY MACHINERY OR TOOLS YOU ARE COMPETENT WITH THAT MAY AID IN THE PERFORMANCE OF THE POSITION YOUR ARE APPLYING FOR:

\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

1. \_\_\_\_\_  
NAME ADDRESS TELEPHONE NUMBER

2. \_\_\_\_\_  
NAME ADDRESS TELEPHONE NUMBER

3. \_\_\_\_\_  
NAME ADDRESS TELEPHONE NUMBER

# Employment Record

1.		DATES EMPLOYED FROM/TO:	WORK PERFORMED:
	EMPLOYER		
	ADDRESS		
	TELEPHONE NUMBER	HOURLY RATE STARTING/FINAL:	REASON FOR LEAVING:
	JOB TITLE		
	SUPERVISOR		
2.		DATES EMPLOYED FROM/TO:	WORK PERFORMED:
	EMPLOYER		
	ADDRESS		
	TELEPHONE NUMBER	HOURLY RATE STARTING/FINAL:	REASON FOR LEAVING:
	JOB TITLE		
	SUPERVISOR		
3.		DATES EMPLOYED FROM/TO:	WORK PERFORMED:
	EMPLOYER		
	ADDRESS		
	TELEPHONE NUMBER	HOURLY RATE STARTING/FINAL:	REASON FOR LEAVING:
	JOB TITLE		
	SUPERVISOR		

CERTIFICATION OF APPLICANT

READ CAREFULLY

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD AN INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLICATION WILL BE REJECTED AND I WILL BE DISMISSED. I WILL BE DISQUALIFIED FROM APPLYING IN THE FUTURE FOR ANY POSITIONS WITH HARRISON COUNTY. I FURTHER AUTHORIZE THE COUNTY OF HARRISON TO MAKE ALL NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

THE HARRISON COUNTY CONSERVATION BOARD IN THE PROVISION OF SERVICES AND FACILITIES TO THE PUBLIC DOES NOT DISCRIMINATE AGAINST ANYONE ON THE BASIS OF RACE, COLOR, SEX, CREEDS, NATIONAL ORIGIN, AGE OR HANDICAP. IF ANYONE BELIEVES HE OR SHE HAS BEEN SUBJECT TO SUCH DISCRIMINATION, HE OR SHE MAY FILE A COMPLAINT ALLEGING THE DISCRIMINATION WITH EITHER THE HARRISON COUNTY CONSERVATION BOARD OR THE OFFICE OF EQUAL OPPORTUNITY, U.S. DEPT. OF INTERIOR, WASHINGTON, D.C. 20240

USE THIS SHEET OF FOR ADDITIONAL INFORMATION OR EXPLANATIONS.

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