



Application for Employment – Watershed Administrator

We welcome you as an applicant for employment at the Vadnais Lake Area Water Management Organization. It is VLAWMO's policy to provide equal opportunity in employment. The Vadnais Lake Area Water Management Organization will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please submit the following materials no later than **3 PM Friday, February 21, 2020**.

- 1. <u>Application for Employment</u>. Complete and sign this application. Insert a bold X if filling in by hand. Signatures may be scanned or inserted as digital images.
- 2. <u>Resume</u>. Include:
 - a. Name, address, phone, email
 - b. Educational information: Institution, course of study and degree(s) completed.
 - c. Employment experience: Company & address, name of supervisor & contact (indicate if we my contact this employer), hours/week, start & end dates, description of work.
 - d. Other courses, seminars, workshops, or trainings that may provide you with skill related to this position.
 - e. Current licenses, registrations, or certificates you possess which may related to this position.
 - f. Unpaid or volunteer experience relevant to the position for which you are applying.
- 3. <u>Letter of Interest</u>. Clearly describe how your experience, skills and education meet the qualifications and responsibilities of this position.

Please email items 1, 2, and 3 to:

Stephanie McNamara, Administrator; stephanie.o.mcnamara@vlawmo.org

You will receive confirmation of receipt within two business days.





Title of position applying for: Watershed Administrator

Personal Information

Name:	(Last)	(First)	(MI)		
Street Address:					
City, State	, Zip				
Phone Nur	mber:		(Alt. phone – if applicable)		
Email					

Are you legally eligible to work in the United States in the position for which you applying? <i>Proof of citizenship or wok eligibility will be required as a condition of employment.</i>	□ Yes	□ No
Will your continued employment require employer sponsorship?	🗆 Yes	□ No
Are you at least 18 years old?	□ Yes	□ No

Military Experience

Did you serve in the U.S. Armed Forces	🗆 Yes	🗆 No
Do you wish to apply for Veteran's Preference points?	🗆 Yes	🗆 No





I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or other materials, or during any interviews, can be justification for refusal of employment, or if employed will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

With my signature below, I am providing the Vadnais Lake Area Water Management Organization authorization to verify all information I provided with this application packet, including current or previous employers. I will advise VLAWMO in writing, if VLAWMO should not contact a current employer at this time.

I understand that history information checks may be conducted (after I have been selected for an interview, in the case of a non-public safety positions) and that a conviction of a crime related to the position may result in my being rejected for this job opening. I also understand it is my responsibility to notify VLAWMO in writing of any changes to information reported in this application.

Signature

Date





Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information in NOT A PART of the application file and is removed from the application when received in our office. The watershed appreciates your cooperation in our effort to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:						
Gender: Male Female Non-binary Fill in the blank: Prefer not to disclose	e					
With which racial/ethnic group do you identify? Black or African American 						
Hispanic or Latino						
American Indian or Alaskan Native through Tribunal affiliation or community recognition						
Caucasian/White						
Asian						
Native Hawaiian or other Pacific Islander						
Two or more races Additional description:						
Disability status, defined as:						
1. Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing ore learning);						
2. Has a history of a disability (such as cancer that is in remission);						
3. Is regarded as having such an impairment.						
Do you claim disability status? 🗆 Yes 🛛 No						

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