

**APPLICATION FOR EMPLOYMENT**  
 Watershed Committee of the Ozarks, Inc.  
 320 North Main Avenue  
 Springfield, MO 65806-1208

It is the policy of the Watershed Committee of the Ozarks (WCO) not to discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, disability or veteran status in employment or in any program or activity offered or sponsored by the WCO. The WCO is an Affirmative Action employer.

Date \_\_\_\_\_

Name \_\_\_\_\_  
(last) (first) (middle)

Present Address \_\_\_\_\_  
(street) (city) (state) (zip)

Previous Address \_\_\_\_\_  
(street) (city) (state) (zip)

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Have you ever been convicted of any felony violations? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Are you related to anyone employed by the WCO? \_\_\_\_\_

Are you related to any member of the WCO? \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_  
 Full Time                       Permanent  
 Part Time                          Temporary

**PERSONAL REFERENCES**  
 (not former employers or relatives)

Name	Occupation	Address	Phone

**MILITARY SERVICE**

Are you a Veteran?  Yes    Dates of Service From: \_\_\_\_\_ To: \_\_\_\_\_ Highest Rank Achieved: \_\_\_\_\_  
 No

What special skills did you acquire in the service? \_\_\_\_\_

Reservist?  Yes                       Active                      Rank \_\_\_\_\_  
 No                                       Inactive                    Branch \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_  
(name)  
 \_\_\_\_\_  
(address) (phone)

### EDUCATION

Circle Highest Grade Completed	Elementary 1 2 3 4 5 6 7 8	High School 9 10 11 12	Other 1 2	College 1 2 3 4 5 6
Name and Location of Institution				
High School			Specialization/ Major Courses	Grad./ Diploma
College				Degree
Business or Technical				
Professional Memberships, Scholastic Honors, Certificates or Licenses Held				
Indicate any professional, craft, trade, office or other skills and abilities possessed by you (i.e., typing, computer software/hardware, office machines, etc.)				

### EMPLOYMENT RECORD

Present and Past Employment - Most Recent First

NAME AND ADDRESS OF EMPLOYER	DATE MO/YR	SALARY	
Name	From	Start	Title of Job
Address			Duties
Phone	To	Final	
Name/Title of Supervisor			Reason for Leaving
Name	From	Start	Title of Job
Address			Duties
Phone	To	Final	
Name/Title of Supervisor			
Name	From	Start	Title of Job
Address			Duties
Phone	To	Final	
Name/Title of Supervisor			
Name	From	Start	Title of Job
Address			Duties
Phone	To	Final	
Name/Title of Supervisor			Reason for Leaving
Name	From	Start	Title of Job
Address			Duties
Phone	To	Final	
Name/Title of Supervisor			Reason for Leaving

I certify that the above statements are correct and understand that misrepresentation of any statement if cause for cancellation of my application and sufficient cause for dismissal without notice if employed. I further understand that all policies, rules and regulations affecting my employment shall constitute a part of my appointment or employment.

I hereby authorize WCO to conduct an investigation with respect to my application. I authorize my former employers and personal references to give any and all information regarding my employment. Also, any other information, whether personal or otherwise, that mayor may not be on their records. I also consent to and authorize a background check, including criminal record, at the expense of WCO. I hereby release all parties from liability for any damage whatsoever that may ensue from furnishing or receiving information or opinions as to my employment or character.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant