



DOUGLAS SOIL AND WATER
CONSERVATION DISTRICT
900 Robert Street
Suite 102
Alexandria, Minnesota 56308
Telephone (320) 763-3191

MINNESOTA SOIL AND WATER CONSERVATION DISTRICT

JOB ANNOUNCEMENT

Douglas Soil and Water Conservation District Date Posted 10-23-2017

POSITION TITLE: Water Planner/Landuse Technician, Permanent Full Time position

Position Location:
Douglas SWCD, Alexandria, Minnesota

Salary:
Based upon qualifications and experience

Send Application To:
Jerry Haggemiller, Douglas Coordinator
Douglas SWCD
900 Robert St. Suite 102
Alexandria, Minnesota 56308 Phone 320-763-3191 Ext-3
E-mail jerome.haggemiller@mn.nacdnet.net

APPLICATION DEADLINE: 4:00 p.m. on November 10, 2017

POSITION PURPOSE:

This permanent full-time position is under the general supervision of the District Coordinator and performs a variety of technical work to support the programs and activities of the SWCD. Primary duties will include implementation of the Douglas County Water Plan, manage and implement current Clean Water Fund Grant projects and future applications, actively participate in 1W1P and watershed groups, and provide technical assistance and information on SWCD/NRCS programs and activities. The position will coordinate the Douglas County Lakes Association water quality and AIS testing program in Douglas County.

Additionally, the position will promote the Agricultural Water Quality Certification Program and help farmers and agricultural landowners who wish to voluntarily enroll in this program. The position will help with implementing a wide array of Soil and Water District activities including district tree program, buffer initiative, and educational programs individually and/or with other staff.

MINIMUM QUALIFICATIONS:

A bachelor's degree in Natural Resource Management, Environmental Health, Environmental Studies or a closely related field with one year of experience in the field or a two year program for Engineering Technician, Conservation Technician or a related field with three years of experience in the field, is preferred. Computer skills with the standard Microsoft office suite of programs is expected. Experience with ArcMap-GIS software and GPS survey equipment a plus. The ability to work with little direction, handle multiple projects and maintain a high level of efficiency is required. Strong written and oral communication skills will be essential to be successful.

MAJOR RESPONSIBILITIES:

- Implementation of the Douglas County Water Plan.
- Participate, represent and support One Watershed, One Plan.
- Coordinate and facilitate local water plan task force meetings, public informational meeting and civic engagement activities associated with water planning/watershed activities.
- Provide technical assistance or guidance for water-related erosion concerns.
- Coordinate Lake Monitoring Program in Douglas County.
- Coordinate nitrate water testing in Douglas County.
- Coordinate AIS sampling and data analysis in Douglas County.
- Utilize ArcGIS mapping and analysis to identify priority work areas and support grant applications associated with the goals and objectives of the local water plan.
- Apply for and implement clean water, water quality monitoring, AIS, LCCMR, 319, CWP grants.
- Collaborate and communicate with individual lake associations, Douglas County Lakes Association, watershed staff, other units of government, and state agencies to identify and resolve water quality problems within Douglas County.
- Deliver educational programs, presentations, and demonstrations through in-person, website, and written materials.
- Assist with the Minnesota Ag Water Quality Certification Program.
- Assist with survey and design of conservation practices as needed (Tree Program, Cost-Share, Water Plan, RIM, EQIP, CRP, CREP, etc.)
- Other duties as assigned by the District Coordinator or SWCD Board of Supervisors

Performance evaluation will be the responsibility of the District Coordinator and SWCD Board of Supervisors.

Working Conditions

Work entails outside work in inclement weather, on rough terrain and with biting insects. Applicants must possess valid driver's license and be able to lift up to fifty pounds.

APPLICATION MATERIALS:

Applicants should submit Douglas Soil and Water Conservation District application and a personal resume listing qualifications for the position requirements as shown above. Personal references may be supplied or be available on request. E-mail or mail applications to the address listed above by the closing date. If offered the position the candidate will have to provide official educational transcripts prior to the starting date and a background check will be completed.

Candidates will be considered without discrimination for any non-merit reasons such as race, color, religion, sex, national origin, politics, marital status, physical handicap, age or membership or nonmembership in an employee organization.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Douglas

900 Robert St. Suite 102
Alexandria, MN 56308

Soil and Water Conservation District

(320) 763-3191 ext. 3
Fax: (320) 762-5502

FOR OFFICE USE ONLY

It is the policy of Douglas SWCD to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation or age.

The information requested on this application is intended to be used by the SWCD in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the SWCD being unable or unwilling to offer employment to you. The information on this application which is classified as private data under Minnesota Government Data Practices Act will not be released outside the SWCD without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

PRINT CLEARLY WITH INK OR TYPE

TITLE OF POSITION FOR WHICH YOU ARE APPLYING		Water Planner / Landuse Technician															
DATE OF APPLICATION			SOCIAL SECURITY NUMBER														
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MONTH	DAY	YEAR															
Last Name		First Name		Middle Name													
				May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>													
Street Address			Apt. No.	Home Phone													
				Work Phone													
City		State	Zip Code		Are you age 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>												
Are you a United States Citizen OR if not, do you have permission to work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>																	
Driver's License No.:		State Issued:		Class:													
Have you had any moving violations in the past five (5) years? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain.																	
Are you a present employee of Douglas SWCD? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Check status Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Temporary <input type="checkbox"/> Other <input type="checkbox"/>																	
Are you a past employee of Douglas SWCD? Yes <input type="checkbox"/> No <input type="checkbox"/>			Would you be interested in temporary employment? Yes <input type="checkbox"/> No <input type="checkbox"/>														
			If yes, check appropriate box: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>														
Are you on layoff and subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you filed an application here before? No <input type="checkbox"/> Yes <input type="checkbox"/> When?														
EDUCATION/TRAINING: Did you graduate from a High School or receive a G.E.D? Yes <input type="checkbox"/> No <input type="checkbox"/>																	
High School Attended			Location														
Name and Address of College, University, Technical, Professional, Business, Trade, Vocational or Other School		No. Credits Earned	Cert. or Degree	Major	Minor												
If position requires certificate, registration, or occupational license, please provide information:																	
Type		Number		Expiration Date													

WORK EXPERIENCE: BE COMPLETE. Experience and training ratings are determined by the information you provide and your score will depend upon it. **DO NOT MARK APPLICATION "SEE RESUME."** Account for ALL your time. Applications will be rejected if incomplete. **COMPLETE THE DATES OF EMPLOYMENT SECTION FOR ALL POSITIONS OCCUPIED.**

Present or last employer				Address		City		State		Zip	
Job Title				Supervisor			Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
FROM Mo. Yr.		TO Mo. Yr.		TOTAL TIME Yrs. Mos.		<input type="checkbox"/> FULL TIME OR <input type="checkbox"/> Part-Time Hrs/Wk.		STARTING SALARY		LAST SALARY	
Reason for leaving											
Specific duties											

Second last employer				Address		City		State		Zip	
Job Title				Supervisor			Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
FROM Mo. Yr.		TO Mo. Yr.		TOTAL TIME Yrs. Mos.		<input type="checkbox"/> FULL TIME OR <input type="checkbox"/> Part-Time Hrs/Wk.		STARTING SALARY		LAST SALARY	
Reason for leaving											
Specific duties											

Third last Employer				Address		City		State		Zip	
Job Title				Supervisor			Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
FROM Mo. Yr.		TO Mo. Yr.		TOTAL TIME Yrs. Mos.		<input type="checkbox"/> FULL TIME OR <input type="checkbox"/> Part-Time Hrs/Wk.		STARTING SALARY		LAST SALARY	
Reason for leaving											
Specific duties											

Fourth last employer				Address		City		State		Zip	
Job Title				Supervisor			Phone No.		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
FROM Mo. Yr.		TO Mo. Yr.		TOTAL TIME Yrs. Mos.		<input type="checkbox"/> FULL TIME OR <input type="checkbox"/> Part-Time Hrs/Wk.		STARTING SALARY		LAST SALARY	
Reason for leaving											
Specific duties											

FOR ADDITIONAL RELEVANT WORK EXPERIENCE, USE BLANK SHEETS AND ATTACH TO THIS FORM.

List any additional information you feel may be important for us to know in evaluating your application, e.g., professional society memberships, relevant community activities or volunteer work, skills or specific accomplishments, computer hardware and software skills.

READ AND SIGN

I certify that the answers I have given on this Application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitute grounds for my immediate dismissal should I be employed by the SWCD. I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the SWCD Board or the appointing authority referenced in the job description. Until such approval, the SWCD shall not be liable for reliance on any oral or written offers of employment made to me. In connection with this Application, I hereby authorize any and all current and former employers, organizations where I have volunteered ("volunteer organizations") references named in this Application, or any agent of such a current or former employer or volunteer organization, to release to the SWCD and its agents any and all public or private information regarding my job performance, fitness/qualifications to perform the position I am presently seeking and any other employment or related information. I understand the SWCD will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature below.

I hereby release the SWCD and all current and former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said SWCD, former employers, volunteer organizations or references, from any and all liability of whatever nature by reason of requesting or providing such information.

Date _____ Applicant's Signature _____

The following information will NOT be used by Douglas SWCD as criteria for employment. This information is to help us comply with EEO/Veteran's Preference guidelines and to evaluate the effectiveness of our recruitment advertising efforts. We request that you complete this applicant data record. This information will be filed in a separate, confidential file from your Application for Employment. YOUR COOPERATION IS VOLUNTARY.

NAME:

DATE:

Position(s) Applied For:

Referral Source: Walk-in Internal Post Friend Employment Agency Website
 Newspaper Advertisement (Name of Publication) Other (Please Identify)

Gender: Male Female

Check one of the following ethnic groups: Caucasian African American Hispanic Asian/Pacific Islander
 Native American/Alaskan Native Other

Check if applicable: Disabled individual Please indicate any accommodations you may need to participate in the testing, interview or selection process.:

VETERAN'S PREFERENCE: If you are a Veteran or the spouse of a disabled or deceased Veteran and wish to claim Veteran's Preference, you must provide the required documents (DD214 or disability certificate) and signature.

Veteran Disabled Veteran Signature X_____