



Taos Soil and Water Conservation District

P.O. Box 2787, Ranchos de Taos, NM 87557 ~ Phone (575) 751-0584 – Fax (575) 751-9253

Taos Soil and Water Conservation District

YCC Land Stewardship Crew

APPLICATION DEADLINE: 4:00 PM ON 3/4/16

CONTACT INFORMATION:

Name: Last _____ First _____ M.I. _____

Mailing Address: _____

Phone Numbers: _____ (cell) _____ (home)

Date of Birth: Month _____ Day _____ Year _____ Age: _____

US Citizen/Permanent Resident (check one): YES NO

Have you ever been convicted/adjudicated of any legal violations other than minor traffic violations? (Existence of a criminal record will not disqualify you from participation; however, misrepresentation of that record will disqualify you.) (check one): YES NO

SKILLS:

As a YCC Corpsmember, you will be asked to participate in project activities related to a variety of subjects. Please check the areas in which you have more than 3 months (1 summer) of experience:

- | | | |
|---|--|--|
| <input type="checkbox"/> Using a G.P.S. | <input type="checkbox"/> Map reading | <input type="checkbox"/> Computer skills |
| <input type="checkbox"/> Supervising others | <input type="checkbox"/> Construction | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Acequia maintenance | <input type="checkbox"/> Farming/Gardening |
| <input type="checkbox"/> Working on a team | <input type="checkbox"/> Team sports | |

EDUCATION:

Highest level of education completed (check one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> High school graduate | <input type="checkbox"/> GED or equivalent |
| <input type="checkbox"/> Some college | <input type="checkbox"/> 2-year college degree | <input type="checkbox"/> 4-year college degree |

Other: _____

Are you in school? (check one) NO YES (which one: _____)

Do you have a Driver License? (check one) NO YES (which state: _____)

Work background: List your last jobs, starting with the most recent. Use additional pages if needed, or attach a resume.

| Employer: | Position: | Dates: | Salary: | Reason for Leaving: |
|-----------|-----------|--------|---------|---------------------|
| | | | | |
| | | | | |
| | | | | |

References: Please list at least two individuals unrelated to you. We encourage you to list people who know you well (such as a teacher, guidance counselor, former employer, church leader, etc).

| Name: | Relationship to You: | Telephone Number to Reach Them: |
|-------|----------------------|---------------------------------|
| | | |
| | | |
| | | |

Volunteer and/or community service (if applicable): List your experience below. Use additional pages if needed.

| Organization Name: | Location: | Type of Work: | Dates of Service: |
|--------------------|-----------|---------------|-------------------|
| | | | |
| | | | |
| | | | |

I understand that essential functions of the position include (please indicate your understanding by checking all of the below items):

- Work outdoors in all weather conditions.
- Regularly hiking on uneven terrain while carrying tools, gear, or other equipment.
- Frequently required to walk, sit, talk or listen.
- Reach with hands and arms and lift or move up to 60 pounds, and perform twisting and swinging motions.

Are you able to perform these essential functions, with or without accommodations? (check one) YES NO

In the space below (or attached on a separate sheet), please state why TSWCD should consider you for participation. Write clearly. Please think carefully and include:

- 1) Why you want to be involved in the this program.
- 2) What you expect to achieve in the future.
- 3) How you think the program will help you, and how you will help the program.

Certification: I hereby certify that the information provided on this application is true and correct to the best of my knowledge. I understand that any misinformation or material omission could result in unfavorable consideration or immediate dismissal. I allow release of this information for verification and evaluation purposes. I understand that Taos SWCD abides by drug-free workplace guidelines. I agree to abide by the established rules and understand that I will participate in this program to the fullest of my abilities.

Signature _____

Taos SWCD prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program.

PLEASE DELIVER COMPLETED APPLICATIONS BY 3/4/16 TO:

Tanya Duncan, Managerial Assistant
Taos Soil and Water Conservation District

Physical Address: 202 Chamisa Rd, Taos, NM 87571

Mailing Address: P.O. Box 2787, Ranchos de Taos, NM 87557

Tel: (575) 751-0584

Email: tswcd2@newmex.com

Web: www.tswcd.org