

Application for Employment

PLEASE PRINT

PERSONAL

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (____) _____

Position desired? _____

Can you perform the essential functions of the position for which you are applying? YES NO If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin work? _____

Do you have or are you eligible to get a SD State Driver's License? (If position requires) YES NO
Do you have a CDL Commercial Driver's License? YES NO

Are you legally eligible to be employed in the United States? YES NO
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES NO
(If no, you may be required to provide authorization to work.)

Have you ever been convicted of a felony or a misdemeanor? YES NO If yes, please explain:
(A conviction will not necessarily result in the denial of employment.)

Have you ever worked for Custer City before? YES NO

When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the City of Custer? YES NO If yes, who and where do they work?

Have you ever done any volunteer work? YES NO If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

Are you available to work: DAYS NIGHTS WEEKENDS FULL TIME If you cannot work full time, please explain:

Are you presently employed? YES NO If yes, may we contact your employer? YES NO If presently employed, why are you considering leaving?

Do you belong to any professional, trade, business or civic organizations that deals with the position for which you are applying? YES NO If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

Account for any full month since leaving school (high school or college) that you were not working:

	From	To	Reason
Mo/Yr			
Mo/Yr			
Mo/Yr			

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES NO If yes, please describe:

List academic honors, extracurricular activities, community involved, offices held, etc. that would pertain to the position you are applying for: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EMPLOYMENT Start with your present or most recent position

Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title Number of employees you supervised:	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____ _____ _____			
Reason for Leaving _____			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title Number of employees you supervised:	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____ _____ _____			
Reason for Leaving _____			
Name of Employer		Telephone Number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	

		Number of employees you supervised:	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			

Reason for Leaving _____			

Use an additional sheet of paper if more space is necessary.

PERSONAL REFERENCES Give three individuals (not relatives or employers)

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ()

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

IMPORTANT, PLEASE READ AND SIGN

1. I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment, I may be refused employment, or if employed, it may be grounds for termination from the company or its subsidiaries.
2. The City has my authorization to thoroughly investigate and have all necessary information released concerning my work, medical and personal history as deemed necessary for the position applied for. I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.
3. In consideration of my employment, I agree to abide by the rules and regulations of the City
4. I understand and agree that passing the pre-employment physical examination including a drug and alcohol screening test and a criminal background and motor vehicle record check is a prerequisite for qualifying for employment.
5. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.
6. This application is current and active for only the position applied for and it will be necessary for me to fill out a new application for other positions that may become available.
7. I understand that no representative of the City has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.
8. I have read and agreed to the above and hereby certify that the facts I have provided in my employment application are true and complete to the best of my knowledge.

Signed: _____ Date: _____

Do not write below this line

 In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

RESULTS

Employed: YES [] NO []

If Yes, Job Title: _____

Department _____

Date beginning Employment _____

Compensation \$_____ per _____

Interviewed by: _____

Date: _____