

Davison County
200 East 4th Ave. Mitchell, South Dakota 57301-0278

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

Photo copies are acceptable.

Instructions: Print in black ink or type all answers. Read carefully and fill in items completely. Incomplete or unsigned applications will not be accepted. A resume must be provided in conjunction with a completed applications for full time positions. Application must be **postmarked** within 24 hours of dosing date.

1. Exact Title of Position applied for _____
(You must submit a separate **application** for each job)

2. Name
Last First Middle

3. Mailing Address _____
Street/Box City State Zip

4. Social Security Number _____
(The disclosure of your social security number is voluntary.)

5. Telephone () _____ (i) _____
Home Office

6. Are you under age 18? ___ YES ___ NO

7. Are you either a U.S. citizen or an alien authorized to work in the United States? — Yes No
(Proof of citizenship or immigration will be required upon employment)

8. Males born after December 31, 1959, are required to register with Selective Service
Are you registered with selective service _ _ Yes _ No _____ N/A

9. Will you accept: _ Full-time employment

— Part-time employment Shift preference, if applicable Day **r** Evening _ Night

10. Check each type of employment you will accept:
Permanent _____ Temporary: six months or less
Season: duration of season _____

11. When could you begin employment: Now ___ Beginning on _____
After _____ working days notice to present employer.

12. List names, addresses and phone numbers of three references.

1. _____ (---) _____
Name Phone #

Address

2. _____ () _____
Name Phone #

Address

3. _____ () _____
Name Phone#

Address

13. May we contact your current or most recent employer regarding your qualifications? ___ Yes NO

The information provided on the following pages will be used to determine your qualifications for this position. Be as thorough as possible in describing your education and work experience. **Vague or incomplete answers will not be interpreted in your favor.** If you need more space, attach additional sheets.

Education and Training

14. Circle last year of education completed. For high school diploma or GED circle "12". 1
2 3 4 5 6 7 8 9 10 12 13 14 15 16 17 18 plus.

15. List formal education beginning with the most recent. Include high school, college, vocational or business school, apprenticeship, military training, etc.

A. Name of School _____
Address of School _____
Attended from (mo/yr) _____ to _____ Total credit hours _____
Type of credit (semester, quarter, CEU's, etc.) _____
Major(s) or course _____ Minor(s) _____
Did you graduate? _____ Type of degree _____

B. Name of School _____
Address of School _____
Attended from (mo/yr) _____ to _____ Total credit hours _____
Type of credit (semester, quarter, CEU's, etc.) _____
Major(s) or course _____ Minor(s) _____
Did you graduate? _____ Type of degree _____

C. Name of School _____
Address of School _____
Attended **from (mo/yr)** _____ **to** _____ **Total** credit hours _____
Type of credit (semester, quarter, CEU's, etc.) _____
Major(s) or course _____ Minor(s) _____
Did you graduate? _____ Type of degree _____

D. Name of School _____
Address of School _____
Attended from (mo/yr) _____ to _____ Total credit hours _____
Type of credit (semester, quarter, CEU's, etc.) _____
Major(s) or course _____ Minor(s) _____
Did you graduate? _____ Type of degree _____

16. Use this space to identify any other educational experiences you have had which are pertinent to this position. Include workshops, seminars, military or vocational training etc. which are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.)

17. List any relevant certificates, licenses or registrations you possess or are eligible for. Included expiration dates.

Work History

18. Begin with your current or most recent position and work backwards. List each promotion as a separate job. Include paid and verifiable non-paid experience, including military service. **Be as accurate and complete as possible**, especially in describing the duties of each position. If you need more space, attach additional sheets using the same format.

A. Current or most recent position:

Dates of employment: From (mo/yr) _____ to _____ Total years _____ months _____
Job Title _____ Starting Salary _____ Last Salary _____
Employer _____ Type of business _____
Employer's Address _____ Phone _____
Supervisor's Name and Title _____
Number of employees **you supervised** _ Average hours worked per week _ 1-10 _ 11-20 _ 21-30 _ 31+
Reason(s) for leaving _____
Complete description of duties _____

B. Next previous position:

Dates of employment: From (mo/yr) _____ to _____ Total years _____ months _____
Job Title _____ Starting Salary _____ Last Salary _____
Employer _____ Type of business _____
Employer's Address _____ Phone _____
Supervisor's Name and Title _____
Number of employees you supervised _ Average hours worked per week _ 1 - 10 11 - 20 21 - 30 31+
Reason(s) for leaving _____
Complete description of duties _____

C. Next previous position:

Dates of employment: From (mo/yr) _____ to _____ Total years _____ months _____
Job Title _____ Starting Salary _____ Last Salary _____
Employer _____ Type of business _____
Employer's Address _____ Phone _____
Supervisor's Name and Title _____
Number of **employees** you supervised ____ Average hours worked per week 1 - 10 11 - 20 21 - 30 31+
Reason(s) for leaving _____
Complete description of duties _____

If you need additional space, please continue on a separate sheet of paper

Please Read and Sign Below

If employed, I understand that my employment is for NO definite period of time, and if terminated Davison County is liable only for wages and benefits earned as of the date of termination.

I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I further authorize investigation of all statements I have made. Misrepresentation, falsification, or omission of *facts* called for in this applications or in the interview process is cause for cancellation of this application or termination of employment. **Unsigned applications will NOT be considered.**

Signature _____ Date _____

Authorization for reference requests (sign below).

I have applied for employment with Davison County and I desire that they be FULLY advised of my record with former employers. I, therefore, respectfully request that you furnish the requested information concerning my employment with your organization, and I hereby, release you from any and all liability of damages for providing the information requested.

Applicant's Signature _____ Date _____

Davison County in accordance with state and federal laws, does not discriminate on the basis of age, race, color, ancestry, national origin, creed, religion, sex, marital status, disability or political affiliation.

Davison County is an EQUAL OPPORTUNITY EMPLOYER