

APPLICATION FOR EMPLOYMENT MINER COUNTY, SOUTH DAKOTA

WE ARE AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, DISABILITY OR NATIONAL ORIGIN.

PERSONAL INFORMATION

DATE: _____ **SOCIAL SECURITY #** _____

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE #: _____
HOME CELL

DRIVER'S LICENSE NO. _____ **COMMERCIAL LICENSE** YES NO

MEDICAL CARD WITH CDL? YES NO

VETERAN? YES NO **SPOUSE OF DECEASED/DISABLED VETERAN?** YES NO

If you answered "yes" to either veteran status question, please include Form DD214 with your application.

EMPLOYMENT DESIRED

Position _____ Date when you can start _____

Current Employer _____ May we contact your current employer? _____

May we contact you at work? _____ Will you relocate if the job requires it? _____

Will you travel if the job requires it? _____

Are you prevented from lawfully becoming employed in this country? YES NO

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, age, national origin, disability): _____

EDUCATION

	NAME/CITY & STATE	LEVEL COMPLETED	GRADUATE?	SUBJECT STUDIED/ DEGREE
HIGH SCHOOL or GED				
VOCATIONAL OR UNDERGRADUATE				

Are there any experiences, skills, or qualifications which you feel would especially fit you for work with this department? _____

LEGAL: Have you ever been convicted for any crime, including moving traffic violations? If yes, please provide details below.

APPROX. DATE	AGENCY & STATE	CIRCUMSTANCES & DISPOSITION

FORMER EMPLOYERS: MOST RECENT FIRST

DATE MO/YR	NAME/ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE	RELATIONSHIP

I understand and agree that any misrepresentation by me in this application will be sufficient cause for rejection of this application and/or termination of employment if I am hereinafter employed by the County. Furthermore, if I am hired, I understand that I am free to resign at any time, and that the County reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the County has authority to make any representations or assurances to the contrary. I acknowledge and agree that any changes in such employment relationship must be made in writing and signed by an authorized representative of the County.

I understand that if the County makes an offer of employment to me, it may be a conditional offer of employment, and I may be required to submit to a pre-employment medical exam and to provide information in response to medical inquiries, the results of which might disqualify me from employment. If requested, I agree to furnish such information and to submit to such examinations.

I understand that I may be requested to submit to a test to detect the current illegal use of drugs, and if the test results identify that I am a current illegal user of drugs, I will not be eligible for employment by the County. I further understand that I have the right to refuse to submit to such tests or to consent to such tests of my own free will.

I authorize the County to make a thorough investigation of my past employment, education and job-related activities to the extent permitted by law. I also authorize the County to run a criminal background check on my name to verify the integrity of my application. I release the County from any liability which might result from making such investigations, and I also release from any liability all persons and entities supplying such information.

I acknowledge that the County is an equal opportunity employer and that the County does not discriminate in employment. I understand that no question on this application is used for the purpose of limiting or excluding the County's consideration of me for employment on a basis prohibited by federal, state or local law, nor is it used by the County for the purpose of attempting to obtain information prohibited by federal, state or local law.

I understand that the County will consider this application to contain current information for a period of only sixty (60) days. At the expiration of sixty (60) days, if I have not heard from the County and if I still desire to be considered for employment, I understand that it will be necessary for me to complete a new application.

Signature

Date