



DELL RAPIDS

SOUTH DAKOTA

P.O. Box 10 317 East 4th Street, Dell Rapids, South Dakota 57022
Phone: 605-340-1670 | Email: heathera@cityofdellrapids.com

APPLICATION FOR EMPLOYMENT

*** Please type or print clearly in ink. ***

POSITION APPLIED FOR: _____ **DATE:** _____

NAME: _____ / _____
Last First Middle (List any other names previously used or known by.)

ADDRESS: _____
Street/PO Box City State Zip Code

CELLPHONE NUMBER: (____) _____ **DRIVER'S LICENSE #:** _____ **STATE:** _____

Have you ever been employed by the City of Dell Rapids? YES NO

If yes, give dates: from _____ to _____

Are you related to any City employee or elected City official? YES NO

If yes, who and what is the relationship? _____

Are you at least 18 years of age or older? YES NO

Are you legally eligible for employment in the United States? YES NO

(Proof of US citizenship or immigration status will be required upon employment)

Date available for work: _____

Have you ever been convicted of a felony? YES NO

(Such conviction may be relevant if job-related, but does not bar you from employment)

If yes, please explain: _____

Do you have a high school diploma or G.E.D. equivalent? YES NO

If G.E.D., when and where was it obtained? _____

Are you eligible for Veteran's Preference? YES NO

If yes, please attach a copy of DD214 (Separation papers)

THE CITY OF DELL RAPIDS IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATIONAL BACKGROUND

List schools attended, including high school, starting with the most recent.

Years completed

Degree or diploma earned, if any

Major field of study

1)

2)

3)

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or from other experiences that may qualify you for work with the City of Dell Rapids.

List any certifications you have: _____

If applying for Public Works: Do you have a current Commercial Driver's License (CDL)? YES NO

REFERENCES

List three school, work, or other personal references not related to you.

Name

Title

Telephone

Years Known

1)

2)

3)

EMPLOYMENT/WORK HISTORY

List your last two employers starting with the most recent.

Employer: _____	Telephone: _____	<u>Dates Employed</u>
Address: _____		From:
Job Title: _____		To:
Immediate Supervisor/Title: _____		<u>Wage / Salary</u>
Reason for Leaving: _____		Start:
Job Responsibilities: _____		Final:
_____		Hours per week:

Employer: _____	Telephone: _____	<u>Dates Employed</u>
Address: _____		From:
Job Title: _____		To:
Immediate Supervisor/Title: _____		<u>Wage / Salary</u>
Reason for Leaving: _____		Start:
Job Responsibilities: _____		Final:
_____		Hours per week:

APPLICATION FOR EMPLOYMENT

The facts set forth in my application for employment are true and complete, to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I authorize any of my previous employers, schools, or persons named as references to give any information regarding employment or educational record. I agree that the City of Dell Rapids and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application or for any information provided by them. I also acknowledge that this statement applies to any information I have provided on a resume or additional documents.

NOTE: I hereby understand and agree that if hired by the City of Dell Rapids, I will be considered an “at-will” employee and I may be removed at any time, with or without cause.

Applicant’s Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF CRIMINAL ARRESTS AND DRIVING RECORD

I hereby authorize all law enforcement agencies, courts of law, and motor vehicle departments of any state in which I reside, or have resided, to provide information requested by the City of Dell Rapids. I release all of these agencies from any liability due to releasing this information. I further authorize the City of Dell Rapids to conduct this background investigation.

Applicant Signature: _____ Date: _____

The City of Dell Rapids is prepared to make reasonable accommodation for applicants with a disability. If called for an interview, please advise the person calling of any accommodation that you may need.