



DELL RAPIDS

SOUTH DAKOTA

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

Name (First) (Middle) (Last)

Street Address City State Zip Code

Day Phone Number Evening Phone Number Email

Are you eligible to work in the United States? Yes No

If you are under age 18, do you have an employment/age certificate? Yes No

Are you related to a City employee or elected official? Yes No

Are you willing to travel for work? Yes No

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes No

In the past 2 years, have you ever tested positive on or refused a DOT

Pre-employment drug or alcohol test? Yes No

POSITION APPLYING FOR: _____

Days Available: Mon Tues Wed Thurs Fri Sat Sun

Hours Available: From _____ To _____

Nights Yes No Weekends Yes No Holidays Yes No

What date are you available to start work? _____

EDUCATION:

Name of School Degree/Diploma Graduation Date

1. _____

2. _____

3. _____

4. _____

Do you have a valid South Dakota Driver's License? Yes No

Do you have a Class C with Passenger Endorsement CDL? Yes No

If no, are you willing to obtain one within 30 days of employment? Yes No

City of Dell Rapids

Other Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position: **May We Contact Your Present Employer?** Yes No

Employer: _____ Address: _____

Position Title: _____ Supervisor: _____

Phone: _____ Email: _____

Responsibilities: _____

From: _____ To: _____ Beginning Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Previous Position:

Employer: _____ Address: _____

Position Title: _____ Supervisor: _____

Phone: _____ Email: _____

Responsibilities: _____

From: _____ To: _____ Beginning Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Previous Position:

Employer: _____ Address: _____

Position Title: _____ Supervisor: _____

Phone: _____ Email: _____

Responsibilities: _____

From: _____ To: _____ Beginning Salary: _____ Ending Salary: _____

Reason for Leaving: _____

City of Dell Rapids

Were you referred by a City Employee?

Yes

No

If so, who? _____

Are you a veteran or active member of the US Military?

Yes

No

Professional References:

Name/Title

Address

Phone

I declare that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if hired, any falsification, misstatement or omission of fact in connection with my application, whether on this document, resume or any additional documents, may result in the immediate termination of my employment. I authorize this employer to verify any and all information provided above.

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.

Signature: _____ Date: _____

Email: _____

NOTE: A Pre-employment Drug Test and Background Check may be required to be completed by newly hired employees. These requirements will be obtained at the City of Dell Rapids expense.