

Mellette County Application for Employment

PLEASE PRINT

PERSONAL

Name: _____ Date: _____

Address: _____

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

Position desired? _____

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodations? YES NO Info, please explain. (If you have any questions 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? _____

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

(Info, you may be required to provide authorization to work.)

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? YES NO If yes, please explain:

(A conviction will not necessarily result in the denial of employment.)

Have you ever worked for Mellette County before? YES NO

If yes, When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the County? YES NO

If yes, who?

Are you available to work: DAYS NIGHTS WEEKENDS FULL TIME

If you cannot work full time, please explain:

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

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 deal with the position for which you are applying? YES NO If yes, please explain and list offices held: (Omit anything, 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 & 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, offices held, etc. in high school or college: (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 (list last 10 years)

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

Use the back of this page 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 ()

EXCEPT WHERE CLASSIFICATION IS A BONAFIDE OCCUPATIONAL QUALIFIATION, APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, DISABILITY, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, MARITAL STATUS, OR VETERAN STATUS.

IMPORTANT, PLEASE READ AND SIGN

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 can be grounds for termination from the city. I understand that if I am hired, my employment is at-will and for no definite time and may be terminated at any time without prior notice.

Signed _____ Date _____

Do not write below this line

RESULTS

Employed: YES [] NO []

If Yes, Job Title: _____ Department: _____

Date beginning Employment _____ Compensation\$ _____ per _____

Interviewed by: _____ Date: _____