

City of Elk Point Employment Application

Please Print all
Information Requested
Except Signature

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE: _____

Name: _____

Last
First
Middle

Present Address: _____

Street or PO Box
City
SD
Zip

How Long at address: _____ Social Security No.: _____ - _____ - _____

Phone Number: (____) _____ If under 18, please list age: _____

Are you a U.S. citizen? Yes No

Position applying for (1): _____ (2): _____

Employment desired Full-Time only Part-time only Full or Part-time Summer employment

Have you ever worked for the City of Elk Point before: _____ If so, where: _____ &
 When: _____

Date you can start work: _____ Referred by: _____

Type of School	Name of School	Number of Years Completed	Major & Degree
High School			
College			
Business or Trade School			

Have you ever received a citation for, been arrested for, charged with, convicted of, or pled guilty, no contest, nolo contendere, entered an Alford plea, otherwise accepted responsibility for a crime, or have you received a deferred prosecution or suspended imposition of sentence, for any criminal charge other than a minor traffic violation (parking or speeding under 10 mph over the speed limit)? This includes any charges of driving under the influence or any other drug or alcohol-related offenses. No Yes

If yes, please include an attachment explaining the circumstances. *All information is subject to verification. Failure to disclose all the required information may result in denial of your application.*

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Have you ever been in the Armed Forces? ___ Yes ___ No

Are you now a member of the National Guard? ___ Yes ___ No

Work Experience: Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give company name. **Attach additional sheets if necessary.**

Name of Employer Address City, State, Zip Code Phone Number	Employment Dates:	Pay (per/hr) or Salary
	From: _____ To: _____	Start: _____ Final: _____
Your last job title: _____		

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.

Name of Employer Address City, State, Zip Code Phone Number	Employment Dates:	Pay (per/hr) or Salary
	From: _____ To: _____	Start: _____ Final: _____
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Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.

Name of Employer Address City, State, Zip Code Phone Number	Employment Dates: From: _____ To: _____	Pay (per/hr) or Salary Start: _____ Final: _____
	Your last job title: _____	

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.

May we contact your present employer? Yes No If so, whom should we contact? _____

Office Use Only

Skills-circle one:

Typing: Yes No N/A 10-key: Yes No N/A

Computer Skills: list different programs used: ___ Word ___ Excel ___ Power point ___ Others:

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Please list two references other than relatives:

Name: _____

Name: _____

Company: _____

Company: _____

Position: _____

Position: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the City's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time at either my or the City's option. I also understand and agree that the City may change the terms and conditions of my employment, with or without cause, and with or without notice at any time.

Date: _____ Signature of applicant: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status.

City of Elk Point

PO 280, Elk Point SD 57025-0956 Phone #605-356-2141 Fax #605-356-2336

Personal Inquiry Waiver Authority for Release of Information

To: Concerned Person or Authorized Representative of any Organization, Institution or Repository of records.

Applicant's Full Name _____
DOB _____ SSN _____
Drivers License: State _____ # _____ Type: _____

I respectfully request and authorize you to furnish the City of Elk Point any and all information that you may have concerning my work record, personal history, criminal record, driving record, drug/alcohol testing, physical fitness and medical evaluation, and all pertinent information relating to my employment with the City of Elk Point. This information is to be used to assist the City of Elk Point in determining my qualifications and fitness for the position I am seeking with the City of Elk Point.

I hereby release you, your organization or other from any liability or damage, which may result from furnishing the information, requested above.

Applicants Name

Date

Address