

Codington County
Application for Employment

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

“Special accommodations for application, training or job information in alternative formats available upon request”

General Information:

Position applied for: _____

Name: Last _____ First _____ MI _____

Mailing Address: Street/Box _____ City _____

State/Zip _____ Social Security Number: _____

Telephone Number: Home/Cell _____ Work _____

Are you a Veteran _____ YES _____ NO

If hired can you furnish proof that you are 18 years of age, or if under 18, do you have a permit to work? _____

If no, please explain. _____

If hired, can you furnish proof that you are eligible to work in the United States? _____ If no, please explain

(If unsure of the documents needed to prove eligibility to work in the US, we will be happy to explain the legal requirements.)

Males born after December 31, 1959 are required to register with the Selective Services. Are you registered with the Selective Service? _____ YES _____ NO _____ Not applicable

Will you accept: _____ Full-time employment _____ Part-time employment _____ Temporary employment

If hired, will you be able to work during the scheduled days and hours required for the position(s) for which you are applying? If no, please explain.

Has this company ever employed you in the past? If yes, please give dates of employment, positions held, and state your name while employed, if different from present name.

If your application is considered favorably, on what date will you be available to work?

Have you ever been convicted of a felony, or released from prison in the last 8 years? Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered. If yes, please explain.

References:

List those persons willing to provide personal/professional references. Please do not list any relatives or any former employers. Providing this information means that you give the organization permission to contact the references listed.

Name

Complete Address

Daytime phone

1. _____

2. _____

3. _____

The information provided on the following pages will be used to determine your qualifications for the position(s) you are applying. Be as thorough as possible in describing your education and work experience as it relates to the position in question. Vague or incomplete sentences will NOT be considered. If you need additional space refer to the back page or attach additional sheets.

Educational Information:

<u>School</u>	<u>Name and Address</u>	<u>Course of Study</u>	<u>Did you Graduate?</u>	<u>Degree or Diploma</u>
<u>Secondary:</u>				
<u>Post Secondary:</u>				
<u>Other:</u>				

Please list any relevant licenses, professional certifications or registrations listed in the job announcement, job advertisement, or job description, or that are necessary to perform the job(s) for which you are applying? (Include expiration dates as applicable) If no, please explain.

Use this space to identify any other educational experiences you have had which are *pertinent* to the position for which you applied. Include internships, workshops, seminars, vocational training, etc. which are not listed above. Indicate the number of hours involved, number of weeks, and/or number of credits, etc.

Work History Information:

Begin with your current or most recent position and work backwards. List each promotion as a separate job. Include any paid or verifiable non-paid experience. Be as accurate and complete as possible, especially in describing the duties of each position. If you need additional space, attach additional sheets using the same format.

A. Employer: _____ Type of Business: _____
Employers address: _____ Phone: _____
Supervisors Name and Title: _____
Salary/Wage _____ No. of employees you supervised: _____
Average hours worked per week: ___ 1-10 ___ 11-20 ___ 21-30 ___ 31-40
Reason for Leaving: _____ Dates Employed: _____
Complete Description of Duties:

B. Employer: _____ Type of Business: _____
Employers address: _____ Phone: _____
Supervisors Name and Title: _____
Salary/Wage _____ No. of employees you supervised: _____
Average hours worked per week: ___ 1-10 ___ 11-20 ___ 21-30 ___ 31-40
Reason for Leaving: _____ Dates Employed: _____
Complete Description of Duties:

C. Employer: _____ Type of Business: _____
Employers address: _____ Phone: _____
Supervisors Name and Title: _____
Salary/Wage _____ No. of employees you supervised: _____
Average hours worked per week: ___ 1-10 ___ 11-20 ___ 21-30 ___ 31-40

Reason for Leaving: _____ Dates Employed: _____

Complete Description of Duties:

D. Employer: _____ Type of Business: _____

Employers address: _____ Phone: _____

Supervisors Name and Title: _____

Salary/Wage _____ No. of employees you supervised: _____

Average hours worked per week: ___ 1-10 ___ 11-20 ___ 21-30 ___ 31-40

Reason for Leaving: _____ Dates Employed: _____

Complete Description of Duties:

Additional Information:

Please read and sign below

I give my consent to any pre-employment physical examination required by this company after any conditional offer of employment has been made.

If employed, I understand that my employment is for no definite period of time, and if terminated the employer is liable only for wages and/or salary earned as of the date of termination.

I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I further authorize investigation of all statements I have made. Misrepresentations, falsification, or omission of facts called for in this application or in the interview process are cause for cancellation of this application or termination of employment.

Unsigned applications will not be considered.

Signature: _____ Date: _____

Authorization for reference requests (sign below)

I have applied with the Codington County for employment and I desire that they be fully advised of my record with former employers. I, therefor, respectfully request that you furnish the requested information concerning my employment with your organization, and hereby release you from all liability of damages for providing the information requested.

Applicants Signature: _____ Date: _____

Codington County in accordance with state and federal laws, does not discriminate based on religion, sex, age, national origin, disability and any other protected group status.

Codington County recognizes that South Dakota is an employment at-will state and maintains the employment at-will status for all employees.

RELEASE/DISCLOSURE FOR EMPLOYMENT PURPOSES
BACKGROUND AND REFERENCE INVESTIGATIVE AUTHORIZATION

As part of its due diligence procedures, Codington County, (hereafter referred to as "Company") requires that a background investigation and a check of references be conducted. The objectives of the investigation are to verify information provided during the application process, investigate references, and identify any factors that might be inconsistent with Company Employment requirements.

I, _____, give Company permission and authority to conduct a due diligence investigation and reference check into my past and current activities. I understand and consent to an investigation that may include, but is not limited to, information as to my personal character, general reputation, verification of previous employment and employment references, verification of education, credit history, motor vehicle driving record, social security wage information, criminal records, and other information contained in public records. In addition, I grant permission and authority to Company to obtain past employment information in compliance with regulations of the U.S. Department of transportation (DOT), including 49 CFR Part 40 and 49 CFR Part 382, regarding DOT drug and alcohol testing results from past employers.

I authorize and request any Former Employers, Schools, Police Departments, States, Cities, and Counties or any other Person to furnish Company designees information concerning:

My Work Habits	Criminal Record	Credit History	Reason for
Reputation	Driving Record	Transcripts	Termination
*Medical	Education History	S.S. Information	Salary History
Information	Character		

And all other relevant information requested by Company.

I hereby release all Persons, Companies, Corporations, Schools, or Individuals from all liability and responsibility that may result from providing Company with such information as requested.

I understand that if hired, my employment is for no definite period of time, consistent with state law, and may be terminated with or without cause and with or without notice, at any time, at the option of either the Company or myself. No employee representative, manager, official or supervisor of Company, other than the County Commission of Company, has any authority to enter into any agreement for employment for a specific period of time or make any agreement relative to employment that is contrary to the foregoing. Any such employment agreement will be in writing, signed by the designated officer and clearly specifying its term.

Applicants Name

City, State and Zip Code

Current Street Address

Signature

Date

*Subject to the Americans with Disabilities Act of 1990 (ADA). ** The Age Discrimination in Employment Act of 1967 (ADEA) prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

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