

**CITY OF LAKE NORDEN
508 MAIN AVENUE
LAKE NORDEN, SD 57248-0213**

**Telephone 605-785-3602
Fax 605-785-3604**



"This institution is an equal opportunity provider, and employer."

Position Applying for: _____

Name: _____
Last First Middle

Address: _____
Mailing Address City State Zip

Social Security Number: _____

Telephone: (Home) _____ (Cell) _____

Email address: _____

Person to contact in case of an emergency?

Name _____ Relationship _____

Emergency Person Contact information:

Mailing Address _____

Phone (Home) _____ Phone (Cell) _____

Are you under age 18? ___ NO ___ YES

Are you legally eligible to be employed in the United States? ___ NO ___ YES

Do you have or can you get a State of SD Driver's License? ___ NO ___ YES

Employment for which you are available:

___ Full-Time ___ Permanent ___ Seasonal ___ Part-Time

When could you begin employment? Beginning on _____ or

After _____ (# of waiting days notice to current employer)

Authorizaton to contact your current or most recent employer regarding your qualifications?

___ YES ___ NO

Education and Training

Circle last year of education completed. For high school diploma or GED circle "12".

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus

Please list name of school and degrees completed. Please indicate diploma, GED, or BS/BA.

	<u>Location</u>	<u>Graduate or credited hours</u>	<u>Majors</u>
High School	_____	_____	_____
College/ University	_____	_____	_____
Graduate School	_____	_____	_____
Business or Vocational School	_____	_____	_____

Internships: _____

Additional Training (workshops, seminars, apprenticeships, military or other training).
Include approximate hours or days of training.

List any relevant licenses or certificates:

Employment

1. Current or Most Recent Position:

Dates of Employment: From (mo./yr.) _____ to (mo./yr.) _____ Total years _____ Months _____

Job Title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of Business _____

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

Supervisor's Name and Title _____

Supervisor's Contact Information:

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

Number of employees you supervised (if any) _____

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

Reason for Leaving

Complete description of duties

2. Next Previous Position:

Dates of Employment: From (mo./yr.) _____ to (mo./yr.) _____ Total years _____ Months _____

Job Title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of Business _____

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

Supervisor's Name and Title _____

Supervisor's Contact Information:

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

Number of employees you supervised _____

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

Reason for Leaving

Complete description of duties

3. Next Previous Position:

Dates of Employment: From (mo./yr.) _____ to (mo./yr.) _____

Total years _____ Months _____

Job Title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of Business _____

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

Supervisor's Name and Title _____

Supervisor's Contact Information:

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

Number of employees you supervised _____

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

Reason for Leaving:

Complete description of duties:

Personal References

(Individuals not related to you and that you have known for at least one year)

1. Individuals Name _____

Length of relationship:.) Total years _____ Months _____

Individual's profession? _____

Personal Reference Contact Information:

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

2. Individuals Name _____

Length of relationship:.) Total years _____ Months _____

Individual's profession? _____

Personal Reference Contact Information:

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

3. Individuals Name _____

Length of relationship:.) Total years _____ Months _____

Individual's profession? _____

Personal Reference Contact Information:

Mailing Address _____

Phone (Business) _____ Phone (Cell) _____

Email address _____

Authorizaton to contact your current personal references? ___ YES ___ NO

Additional Space. Use this block to complete information given elsewhere on this form. If you still need more space, attach additional sheets. You may also use this space to summarize other pertinent education or experience which qualifies you for the position for which you are applying.

Printed Name

Applicant's Signature

Signature Date

“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, sex, age, or disability.”

“To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).”

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 company or its' subsidiaries. I understand that if I am hired, my employment is 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: _____