APPLICATION FOR EMPLOYMENT

COUNTY OF EDMUNDS

ADDRESS:			EDMUNDS COUNTY COURTHOUSE					
			IPSWICH	, SD S	57451			
			/					
		An Eqi	ual Opportuni	ty Emp	loyer			
Position App	olying for:		-	and the second				
Name:								
Last		First			Middle			
Address:			-	G		7in		
	Street/Box	City		State		Zip		
Social Securi	ty Number:							
Telephone:	Home							
Date of h	oirth							
Are you legal	lly eligible to be emp	oloyed in	the United S	tates?				
			□Yes		□No			
Do you have	or can you get a Sta	te of SD	Driver's Lic	ense?	yes	No		
Driver's L	icense Number			Do yo	u have a CDL	?	Yes	_ No
Employment	for which you are av	vailable:						
			□Full-Time		□Permanent		Seasonal	
			□Part-Time		□Temporary	(Less	than 6 mor	iths)
When could	you begin employme	nt?						
	,		□Now		□Beginning	on		
			□After	, U	_ waiting days	notice	to current	employer
May we cont	tact your current or n	nost rece						
			□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

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

	Location	Graduated or credit hours	Major(s)	
High School				
College/ University				
Graduate School		,		
Business or Vocational School				
Internships:				-
List any rele	vant licenses or certificates:			
		*		
		Employment		
Dates of Em Job Title Employer Employer's Supervisor's Number of 6 Average hou	Address Name and Title employees you supervised ars worked per week1 Leaving escription of duties	Employment to (mo/yr) Starting S	Total years Salary Last S Type of Business Phone 21-3031-40	_ Months alary

Dates of Employment: From (mo/yr)	to (mo/yr)	lotal years	Months
oh Title	Starting S	alary Last	Salary
mployer		Type of Business	
Employer's Address		Phone	
upervisor's Name and Title			
1 1 Clarger von cuperviced			
verage hours worked per week1-10	11-20	31-40	
Leason for Leaving			
Complete description of duties			
1			
. Next Previous Position:			
T (to (maker)	Total years	Months
Oates of Employment: From (mo/yr)ob Title	_ to (mo/yr)	alary Last	Salary
ob Title	Starting S	Type of Rusiness	
		I Y DC OI D asilioso	
Employer's Address		I none	
Supervisor's Name and Title			
Number of employees you supervised		21 20 21 40	
Average hours worked per week1-10	11-20	21-3031-40	
Peason for Leaving			
Complete description of duties			
*			
. Next Previous Position:			
7 (/ / / / /	to (mo/x/r)	Total years	Months
Dates of Employment: From (mo/yr)	to (mo/yi)	Galary Last	Salary
Oates of Employment: From (mo/yr) Tob Title	Starting L	Type of Business	
1		Type of Business	
Employer's Address		1 110110	
Supervisor's Name and Title			
Number of employees you supervised	11.00	21.20 21.40	
Number of employees you supervised1-10	11-20	21-3031-40	
Reason for Leaving			
Reason for Leaving Complete description of duties			

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.

Pre-Employment Agreement

I understand and agree that:

If I misrepresent or deliberately leave 1. out a fact in my applications, I may be refused employment or, if employed, I may be terminated.

The County has my authorization to 2. thoroughly investigate my work, medical and personal history that is job-related. I will hold no person, corporation or liable for giving organization receiving information in this investigation.

In consideration of my employment, I 3. agree to conform to the rules and regulations of the County and I understand that no representative of the County has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.

Any doctor, hospital or testing laboratory 4. may conduct medical tests and I hereby give my consent to having information released necessary for the county to determine my abilities to perform job duties now or in the future.

Passing the pre-employment physical ex-5. amination including a drug and alcohol screening test may be a prerequisite for qualifying for employment. If a job offer is made, I understand it is conditioned on this requirement. Failure to provide accurate medical information will be considered grounds for dismissal.

The County is an equal opportunity 6. The County does not employer. discriminate and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

If employed, I understand that my 7. employment is for no definite period of time, and if terminated the County is liable only for wages and salary and benefits earned as of the date of termination.

I understand that an appointment shall 8. not be deemed complete until a probation period of one year has elapsed as a new employee or a six month probation period for a promotion transfer.

I have read and agree to the above and 9. hereby certify that the facts I have provided in my employment application are true and complete.

This application is current and active for 10. only the position applied for and it will be necessary for me to fill out a new application for other positions that may be available.

The applicant acknowledges and 11. agrees that County may conduct a background check including but not limited to a full criminal and driver's history of the applicant.

Signature	of	applicant