APPLICATION FOR EMPLOYMENT

COUNTY OF

EDMUNDS

ADDRESS:

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EDMUNDS COUNTY COURTHOUSE IPSWICH, SD 57451

An Equal Opportunity Employer

Position Ap	plying for:						
Name:					·		
Last	H	First		Middle			
Address:	Street/Box (City	State	Zip			
Social Securi	ty Number:						
Telephone:	Home						
Date of 1	birth						
Are you legally eligible to be employed in the United States?							
		□Yes		□No			
Do you have or can you get a State of SD Driver's License?yesNo							
Driver's L	icense Number		Do you	u have a CDL?	Yes No		
Employment for which you are available:							
		□Full-Time		□Permanent	Seasonal		
		□Part-Time		□Temporary (Less	than 6 months)		
When could y	you begin employment?						
		□Now		□Beginning on			
		□After		waiting days notice	to current employer		
May we cont	act your current or most	recent employer re	egarding	g 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

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

	Location	Graduated or credit hours	<u>Major(s)</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 relev	vant licenses or certificates:									
	Mart Decent Position	Employment								
Dates of Emp Job Title Employer Supervisor's	r Most Recent Position: ployment: From (mo/yr) Address Name and Title	Starting S	Type of Business Phone							
Reason for L	mployees you supervised									

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2. Next Previous Position:

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Dates of Employment: From (mo/yr)	to (mo/yr)	Tot	al years	Months			
Job Title	Starting	Salary	Las	st Salary			
Employer Type of Business							
mployer's Address			Phone				
Supervisor's Name and Title							
Number of employees you supervised							
Average hours worked per week1-10	11-20	21-30	31-40				
Reason for Leaving							
Complete description of duties							
3. Next Previous Position:							
Dates of Employment: From (mo/yr)	to (mo/yr)	Tot	al years	Months			
Job Title	Starting	Salary	Las	st Salary			
Employer		Type of Bl	isiness				
Employer's Address	к.		Phone				
Supervisor's Name and Title							
Number of employees you supervised		01.00	21 40				
Average hours worked per week1-10							
Reason for Leaving							
Complete description of duties							
4. Next Previous Position:							
Dates of Employment: From (mo/yr)	to (mo/yr)	Tot	al years	Months			
Job Title	Starting	Salary	Las	st Salary			
Employer		I ype of Bi	isiness				
Employer's Address			Phone				
Supervisor's Name and Title							
Number of employees you supervised							
Average hours worked per week1-10	11-20	21-30	31-40				
Reason for Leaving							
Complete description of duties							
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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.

I understand and agree that:

- 1. If I misrepresent or deliberately leave out a fact in my applications, I may be refused employment or, if employed, I may be terminated.
- 2. The County has my authorization to thoroughly investigate my work, medical and personal history that is job-related. I will hold no person, corporation or organization liable for giving or receiving information in this investigation.
- 3. In consideration of my employment, I 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.
- 4. Any doctor, hospital or testing laboratory may conduct medical tests and I hereby give my consent to having all information released necessary for the county to determine my abilities to perform job duties now or in the future.

5.

Passing the pre-employment physical examination 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. 6. The County is an equal opportunity employer. The County does not 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.

- 7. If employed, I understand that my 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.
- 8. I understand that an appointment shall 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.
- 9. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.
- 10. This application is current and active for 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.
- 11. The applicant acknowledges and 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

Date