

BEADLE COUNTY

450 3RD ST SW STE 201
HURON, SD 57350
PH (605) 353-8400
FAX (605) 353-8402

POSITION APPLIED FOR:

APPLICATION FOR EMPLOYMENT

NAME: _____

FIRST	MIDDLE	LAST	
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ADDRESS: _____

STREET/PO BOX	CITY	STATE	ZIP
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CONTACT: _____

HOME PHONE	CELL PHONE	EMAIL ADDRESS	
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Please answer all questions. Answers are subject to verification.

Are you under age 18? Yes No Are you related to a Beadle County employee? Yes No

Are you a U.S. citizen or currently authorized to work in the United States on a full-time basis? Yes No

If the position requires driving, do you have a valid driver's license? Yes No

 If yes, do you have a commercial driver's license? Yes No

If you have a valid driver's license of ANY KIND, please indicate the following:

State issued	Number

Have you ever been convicted of or pled guilty or nolo contendere/no contest to any crime other than traffic offenses for which no court appearance was required? Yes No

If yes, please explain: _____

Note: A conviction will not automatically disqualify an applicant. The employer will consider the type and seriousness of the crime, the frequency of violations, the applicant's age at the time of conviction and the date of conviction or time elapsed since the conviction or completion of any jail sentence in addition to other job-related criteria. Failure to disclose convictions may result in disqualification.

In accordance with the Federal Department of Transportation and the policy of Beadle County, the County conducts urine drug screening for pre-employment and at prescribed times. If you refuse testing or test positive (evidence of drug usage), your offer of employment will be withdrawn. Beadle County also complies with the Drug-free Workplace Act of 1988.

AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of the Beadle County employment process, we may be checking your background relative to job and personal references, criminal record and social services record. In order to do that, we must have your authorization.

The undersigned hereby authorizes any state department of social services, any police department, and Beadle County to obtain and/or release any and all information regarding social services, work, credit, DOT mandated drug/alcohol testing if applicable, or criminal history of the undersigned applicant for consideration for employment by Beadle County. The undersigned also understands that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from employment.

Signature: _____ Date: _____

Are you a High School Graduate or do you possess a GED? Yes No

EDUCATION	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	DATES OF ATTENDANCE	DID YOU GRADUATE?
COLLEGE / UNIVERSITY				
BUSINESS / TRADE / CORRESPONDENCE				
GRADUATE SCHOOL				

List special qualifications, training or other experience relevant to the position for which you are applying. Include items such as licenses, special courses, work training programs military training workshops, seminars, skills with machines, public speaking, memberships in professional societies, keyboard skills/speed, etc.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Beadle County is an Equal Opportunity Employer and prohibits discrimination and harassment on the basis of race, color, creed, religion, national origin, citizenship, ancestry, gender, pregnancy, age, disability, sexual orientation, and veteran's status in the offering of all employment opportunities, benefits and services. To request accommodations required by disabilities, please call (605) 353-8400.

VOLUNTARY INFORMATION

Beadle County is an Equal Opportunity Employer. While you are not required to do so, we are requesting that you complete the following questions to help us measure our effectiveness in meeting our EEO obligations, this is a voluntary act on your part and will not in any way, harm or assist you with your relationship with the County. This questionnaire is removed from your application before it is evaluated. The data collected will remain in our files but will not be used in any way other than statistical reporting. Thank you for helping us evaluate our recruitment and selection procedures.

Name: _____ Date: _____

Position applied for: _____

Date of birth: _____ / _____ / _____

Sex: Male Female

Race/Ethnic Group

American Indian – Alaskan Native

Hispanic

Asian – Pacific Islander

White

Black

Other _____

Check if applicable: Veteran Disabled Veteran Vietnam Era Veteran

Dates of Service: From: _____ To: _____

Branch: _____ Discharge: _____

Disability: Do you have a physical or mental impairment that limits one or more of your major life activities (e.g. walking, hearing, seeing, breathing, and learning)? Yes No

Please help us provide the best service possible to our job applicants by answering the following questions. The information will not be shared with other agencies, but will be used to evaluate and improve our service. Thank you for your assistance.

How did you learn about this position? (Please check only one.)

Newspaper

South Dakota Career Center

Internet – which site? _____

Current Beadle County employee

Affirmative Action Agency

South Dakota Bar Association newsletter

Job Fair

Other: _____

Were you treated courteously when requesting job information? Yes No

Was the job information readily available upon request? Yes No

Was the job information easily understood? Yes No

If you answered “no” to any of the above, please explain.

EMPLOYMENT HISTORY

Resume accepted in lieu of this section if requested information is provided. Start with your current or last job – include armed forces service and self-employment.

May we contact your current employer?	Yes	No	Not applicable
1. Employer	Telephone Number	Supervisors Name	
Type of Business	Address		
Your Job Title	Dates Employed - From: To:	Average Hours Worked Per Week	
Duties:			
Monthly Salary	Reason for Leaving:		
May we contact your current employer?	Yes	No	Not applicable
2. Employer	Telephone Number	Supervisors Name	
Type of Business	Address		
Your Job Title	Dates Employed - From: To:	Average Hours Worked Per Week	
Duties:			
Monthly Salary	Reason for Leaving:		
May we contact your current employer?	Yes	No	Not applicable
3. Employer	Telephone Number	Supervisors Name	
Type of Business	Address		
Your Job Title	Dates Employed - From: To:	Average Hours Worked Per Week	
Duties:			
Monthly Salary	Reason for Leaving:		

PERSONAL REFERENCES: Name / Title / Address / Phone Number

1. _____
2. _____
3. _____

I certify that the information is true, correct and complete to the best of my knowledge. I authorize investigation of all statements I have made. I understand that the misrepresentation, falsification, or omission of facts in this application is cause for cancellation of this application or termination of employment. I understand that this application is not a contract of employment. Unsigned applications will not be considered.

Signature: _____

Date: _____