



# CITY OF FORT PIERRE, SOUTH DAKOTA

P.O. Box 700  
08 East 2nd Avenue  
Fort Pierre, SD 57532-0700  
Phone: (605) 223-7690 Fax: (605) 223-7693  
[www.fortpierre.com](http://www.fortpierre.com)

## APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** All job applicants must complete the following form before being employed. Please print in ink or type all answers. Photocopies are acceptable. You are welcome to attach resume.

### "Equal Opportunity Employer"

It is the policy of the City of Fort Pierre to affirmatively recruit, hire, train and promote the most qualified persons into all job levels without regard to race, color, religion, national origin, sex, or disability, and to recruit for disabled veterans, and veterans of the Vietnam Era.

**AMERICANS WITH DISABILITIES ACT COMPLIANCE:** The City of Fort Pierre fully subscribes to the provisions of the Americans with Disabilities Act and will attempt in its employment process to make any reasonable accommodations necessary to assist qualified person with disabilities.

## PERSONAL

(PLEASE PRINT OR TYPE)

Position Applied For: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address/Mailing Address, if different than Street address City

\_\_\_\_\_  
State Zip

\_\_\_\_\_  
E Mail Address

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Are you legally authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you at least age 18? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what is your age? \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Can you travel if a job required it? Yes \_\_\_\_\_ No \_\_\_\_\_

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

If yes, please list your driver's license number. State: \_\_\_\_\_ Number: \_\_\_\_\_

If the position requires a commercial driver's license, do you have a commercial driver's license?

Yes \_\_\_\_\_ No \_\_\_\_\_ Class: A B C Endorsements: \_\_\_\_\_

## EDUCATION/TRAINING

Do you have a high school diploma or GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Please circle highest year of education completed: 8 9 10 11 12 13 14 15 16 17 18 19 20

Have you ever had any job-related training in the United States Military? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list high school, college or vocational institution attended; first to last attended.

Name/Address	Major	Degree Received

Please list any other training that may be applicable to your skills and abilities as a job applicant.

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Please check any equipment or machinery you are trained and qualified to operate.

\_\_\_\_\_ Personal Computer      \_\_\_\_\_ Software used:  
\_\_\_\_\_ Word Perfect      \_\_\_\_\_ Typewriter  
\_\_\_\_\_ Microsoft Office      \_\_\_\_\_ Ten Key Calculator  
\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Power Tools, Vehicle's, Trucks, Heavy Equipment: Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Please list any special skills you may have that may be applicable to your consideration as a job applicant. Also list any honors you may have received.

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## WORK HISTORY

Have you ever worked for the City of Fort Pierre?      Yes \_\_\_\_\_      No \_\_\_\_\_      If Yes, please state last position held and period of employment.

Position Title: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Start with your present or most recent employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disability or other protected status.

Are you willing to have your present or most recent employer contacted regarding qualifications?

Yes \_\_\_\_\_ No \_\_\_\_\_

	Company Name					Telephone (    )	
	Address	Street	City	State	Zip	Employed (State Month/Year) From                      To	
1	Name of Supervisor		Supervisor's Title			Salary or Hourly Pay Start                      Last	
	State Job Title and Describe Your Work					Reason for Leaving	
	Company Name					Telephone (    )	
	Address	Street	City	State	Zip	Employed (State Month/Year) From                      To	
2	Name of Supervisor		Supervisor's Title			Salary or Hourly Pay Start                      Last	
	State Job Title and Describe Your Work					Reason for Leaving	
	Company Name					Telephone (    )	
	Address	Street	City	State	Zip	Employed (State Month/Year) From                      To	
3	Name of Supervisor		Supervisor's Title			Salary or Hourly Pay Start                      Last	
	State Job Title and Describe Your Work					Reason for Leaving	
	Company Name					Telephone (    )	
	Address	Street	City	State	Zip	Employed (State Month/Year) From                      To	
4	Name of Supervisor		Supervisor's Title			Salary or Hourly Pay Start                      Last	
	State Job Title and Describe Your Work					Reason for Leaving	

**REFERENCES (other than listed on page 3)**

1) Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ (Daytime hours)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2) Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ (Daytime hours)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3) Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ (Daytime hours)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**BACKGROUND INFORMATION:** The City of Fort Pierre conducts background checks for all employees.

Have you been convicted in a court of law? Yes \_\_\_\_\_ No \_\_\_\_\_

List below any violations, other than minor traffic offenses, for which you were convicted. **One or more convictions will not necessarily disqualify you from employment with the City of Fort Pierre. The decision will be based on a number of factors such as the duties of the job for which you are being considered, the seriousness of the offense of which you were convicted, your age at the time of the offense, rehabilitation efforts, the regency of the offense, etc.** Please be complete. All information is subject to verification. Failure to disclose convictions may result in disqualification.

OFFENSE	PLACE	DATE	DISPOSITION (Sentence)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

As part of the City of Fort Pierre 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 the City of Fort Pierre, to obtain and/or release any and all information regarding the social services, work, credit, DOT mandated drug/alcohol testing if applicable, or criminal history of the undersigned applicant for consideration for employment by the City of Fort Pierre. 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.

\_\_\_\_\_  
Applicant Signature\_\_\_\_\_  
Date\_\_\_\_\_  
If Minor, Signature of Parent/Guardian\_\_\_\_\_  
Relationship to Minor\_\_\_\_\_  
Date



If you wish to claim veterans' preference, please attach DD Form 214 or other suitable evidence of service during qualifying periods.

**PLEASE READ AND SIGN BELOW**

**CITY OF FORT PIERRE**

**DRUG AND ALCOHOL FREE WORK PLACE**

To comply with the provisions of Drug & Alcohol Testing requirements outlines in Part VII, Department of Transportation, Federal Highway Administration, 49 CFR part 382, et seq., any person applying for a position requiring, a Drivers License is subject to drug and alcohol testing after being given a conditional offer of employment is withdrawn. The City is responsible for the cost of the test.

I have read the above statement and give my consent to the drug and alcohol testing after a conditional offer of employment has been made. I also understand and agree that should I fail or refuse the drug and alcohol test, the conditional offer of employment is withdrawn.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS STATEMENT MUST ACCOMPANY EMPLOYMENT APPLICATION**

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