



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

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.

(PLEASE PRINT OR TYPE)

PERSONAL

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.

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.

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

(You may attach additional sheets as needed.)

REFERENCES (other than listed on page 3)

1) Name _____ Phone (____) _____ (Daytime hours)

Address _____

City _____ State _____ Zip _____

2) Name _____ Phone (____) _____ (Daytime hours)

Address _____

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 recency of the offense, etc.** Please be complete. All information is subject to verification. Failure to disclose convictions may result in disqualification or termination of employment if the failure is discovered after you accept an offer of employment.

OFFENSE	PLACE	DATE	DISPOSITION (Sentence)
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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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