

JOB APPLICATION

The City of Menno is an Equal Opportunity Employer. We will consider applications for all positions without regard to race, religion, creed, color, national origin, genetic information, sex, age, disability, political affiliation, marital or veteran status, or any other basis prohibited by South Dakota or federal law.

(PLEASE PRINT LEGIBLY)

Position applied for _____	Date of Application _____
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Last Name		First Name			Middle Name	
Address	Number	Street	PO Box	City	State	Zip Code + 4
Phone Number(s)		Cell	Home	Work	Social Security Number	

Best time to contact you at home is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? . Yes No

Are you legally eligible to be employed in the United States? Yes No

Do you have or can you get a South Dakota Driver's License? (If the position requires) Yes No

Have you ever filed an application with us before? Yes No

If yes, give the date _____

Have you ever been employed with us before? Yes No

If yes, give the date _____

Employment for which you are available:

- Regular Full-time Regular Part-time Temporary or Seasonal

Are you currently employed? Yes No

May we contact your current or most recent employer regarding your qualifications? Yes No

When could you begin employment? . . . Now . . Beginning on _____

After _____, giving _____ days notice to current employer

Are there any conflicts to working the hours required? Yes No

State conflict _____

Can you travel if the job requires it? Yes No

Desired salary _____

EDUCATION:

Name & Location	Last Grade/ Years Completed	Did You Graduate?
High School _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Vocational School _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internships: _____	_____	

Additional Training (workshops, seminars, apprenticeships, military or other training). Include approximate hours or days of training.

List any relevant licenses or certificates:

List professional, trade, business or civic activities and offices held:

ADDITIONAL INFORMATION:

Other Qualifications: *Summarize special job-related skills and qualifications acquired from employment or other experience.*

List any specialized skills: *(Can use Word, Excel Spreadsheets, PowerPoint, or other skills)*

EMPLOYMENT EXPERIENCE: Start with you present or last job. Include any job-related military service assignments and volunteer activities.

1. Employer: _____
Employer's Address: _____
Employer's Phone Number: _____
Supervisor's Name and Title: _____
Current of Most Recent Position or Job Title: _____
Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Months _____
Number of employees supervised: _____ Average hours worked per week _____
Reason for leaving: _____
Complete description of duties: _____

2. Employer: _____
Employer's Address: _____
Employer's Phone Number: _____
Supervisor's Name and Title: _____
Current of Most Recent Position or Job Title: _____
Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Months _____
Number of employees supervised: _____ Average hours worked per week _____
Reason for leaving: _____
Complete description of duties: _____

3. Employer: _____
Employer's Address: _____
Employer's Phone Number: _____
Supervisor's Name and Title: _____
Current of Most Recent Position or Job Title: _____
Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Months _____
Number of employees supervised: _____ Average hours worked per week _____
Reason for leaving: _____
Complete description of duties: _____

4. Employer: _____
Employer's Address: _____
Employer's Phone Number: _____
Supervisor's Name and Title: _____
Current of Most Recent Position or Job Title: _____
Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Months _____
Number of employees supervised: _____ Average hours worked per week _____
Reason for leaving: _____
Complete description of duties: _____

REFERENCES:

1.	_____ (_____) _____ <i>Name</i> <i>Phone #</i>
	_____ <i>Address</i>
2.	_____ (_____) _____ <i>Name</i> <i>Phone #</i>
	_____ <i>Address</i>
3.	_____ (_____) _____ <i>Name</i> <i>Phone #</i>
	_____ <i>Address</i>

Pre-employment agreement -

I understand and agree that:

1. If I have misrepresented myself or deliberately left out a fact in my application, I may be refused employment or, if employed, may be terminated.
2. The City has my authorization to thoroughly investigate my work, medical and personal history this 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 City and I understand that no representative of the City 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 City 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 conditional on this requirement. Failure to provide accurate medical information will be considered grounds for dismissal.
6. The City is an equal opportunity employer. The City 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 City is liable only for wages, 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 six months 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.

Signature of Applicant

Date