

City of Mitchell

612 NORTH MAIN STREET • MITCHELL, SOUTH DAKOTA 57301-0278

— APPLICATION FOR EMPLOYMENT —

AN EQUAL OPPORTUNITY EMPLOYER

Photo copies are acceptable.

Instructions: Print in black ink or type all answers. Read carefully and fill in items completely. Incomplete or unsigned applications will not be accepted. A resume must be provided in conjunction with a completed application for full time positions. Application must be postmarked within 24 hours of closing date.

1. Exact Title of Position applied for _____
(You must submit a separate application for each job.)

2. Name _____
Last First Middle

3. Mailing Address _____
Street/Box City State Zip

4. Social Security Number _____
(The disclosure of your social security number is voluntary.)

5. Telephone (_____) _____ (_____) _____
Home Office

6. Are you under age 18? Yes No

7. Are you either a U.S. citizen or an alien authorized to work in the United States? Yes No
(Proof of citizenship or immigration will be required upon employment.)

8. Males born after December 31, 1959, are required to register with Selective Service.
Are you registered with selective service? Yes No NA

9. Will you accept: Full-time employment
 Part-time employment Shift preference, if applicable: Day Evening Night

10. Check each type of employment you will accept:
 Permanent Temporary: six months or less Seasonal: duration of season

11. When could you begin employment? Now Beginning on _____
 After _____ working days notice to present employer.

12. List names, addresses and phone numbers of three references.

1. _____ (_____) _____
Name Phone #

Address

2. _____ (_____) _____
Name Phone #

Address

3. _____ (_____) _____
Name Phone #

Address

13. Do you have friends/relatives currently employed with the city? No Yes - Name _____

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

The information provided on the following pages will be used to determine your qualifications for this position. Be as thorough as possible in describing your education and work experience. **Vague or incomplete answers will not be interpreted in your favor.** If need more space, attach additional sheets.

Education and Training

15. 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 14 15 16 17 18 plus.

16. List formal education beginning with the most recent. Include high school, college, vocational or business school, apprenticeship, military training, etc.

A. Name of School _____
Address of School _____
Attended from (mo/yr) _____ to _____ Total credit hours _____
Type of credit (semester, quarter, CEU's, etc.) _____
Major(s) or course _____ Minor(s) _____
Did you graduate? _____ Type of degree _____

B. Name of School _____
Address of School _____
Attended from (mo/yr) _____ to _____ Total credit hours _____
Type of credit (semester, quarter, CEU's, etc.) _____
Major(s) or course _____ Minor(s) _____
Did you graduate? _____ Type of degree _____

C. Name of School _____
Address of School _____
Attended from (mo/yr) _____ to _____ Total credit hours _____
Type of credit (semester, quarter, CEU's, etc.) _____
Major(s) or course _____ Minor(s) _____
Did you graduate? _____ Type of degree _____

D. Name of School _____
Address of School _____
Attended from (mo/yr) _____ to _____ Total credit hours _____
Type of credit (semester, quarter, CEU's, etc.) _____
Major(s) or course _____ Minor(s) _____
Did you graduate? _____ Type of degree _____

17. Use this space to identify any other training or educational experiences you have had which are pertinent to this position. Include workshops, seminars, military or vocational training etc. which are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.)

18. List any relevant certificates, licenses or registrations you possess or are eligible for. Include expiration dates.

Work History

19. Begin with your current or most recent position and work backwards. List each promotion as a separate job. Include paid and verifiable non-paid experience, including military service. **Be as accurate and complete as possible**, especially in describing the duties of each position. If you need more space, attach additional sheets using the same format.

A. Current or most recent position:

Dates of employment: From (mo/yr) _____ to _____ Total years _____ months _____

Job title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of business _____

Employer's Address _____ Phone _____

Supervisor's name and title _____

Number of employees you supervised _____ Average hours worked per week 1-10 11-20 21-30 31 +

Reason(s) for leaving _____

Complete description of duties _____

B. Next previous position:

Dates of employment: From (mo/yr) _____ to _____ Total years _____ months _____

Job title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of business _____

Employer's Address _____ Phone _____

Supervisor's name and title _____

Number of employees you supervised _____ Average hours worked per week 1-10 11-20 21-30 31 +

Reason(s) for leaving _____

Complete description of duties _____

C. Next previous position:

Dates of employment: From (mo/yr) _____ to _____ Total years _____ months _____

Job title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of business _____

Employer's Address _____ Phone _____

Supervisor's name and title _____

Number of employees you supervised _____ Average hours worked per week 1-10 11-20 21-30 31 +

Reason(s) for leaving _____

Complete description of duties _____

If you need additional space, please continue on a separate sheet of paper.

Please Read and Sign Below

I give my consent to any employment physical examination required by this facility after offer of employment.

If employed, I understand that my employment is for no definite period of time, and if terminated the City is liable only for wages and salary and benefits earned as of the date of termination.

I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I further authorize investigation of all statements I have made. Misrepresentation, falsification, or omission of facts called for in this application or in the interview process is cause for cancellation of this application or termination of employment. **Unsigned applications will not be considered.**

Signature _____ Date _____

Authorization for reference requests (sign below).

I have applied with the City of Mitchell for employment and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the requested information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

Applicant's Signature _____ Date _____

The City of Mitchell, in accordance with state and federal laws, does not discriminate on the basis of age, race, color, ancestry, national origin, creed, religion, sex, marital status, disability or political affiliation.

Mail completed application to: CITY OF MITCHELL
Human Resources
612 North Main Street
Mitchell, South Dakota 57301-0278

THE CITY OF MITCHELL IS AN EQUAL OPPORTUNITY EMPLOYER