



Can you travel if the job requires it?      Yes      No

Are you employed now?      Yes      No.

On what date would you be available to begin work? \_\_\_\_\_

May we contact your present employer(s)?      Yes      No

**EMPLOYMENT EXPERIENCE:**

Start with your most recent job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin. Please attach additional sheets as necessary. Dates employed must include month and year.

Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

Employer: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Termination: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Work Performed: \_\_\_\_\_

Date Employed: \_\_\_\_\_  
Date of Termination: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Have you ever been fired or asked to resign from any job within the past five years?    Yes    No.  
If yes, please explain:

**SPECIAL SKILLS & QUALIFICATIONS:**

*Summarize specialized skills, training, apprenticeships, and qualifications acquired from employment or other experience.*

**EDUCATION & TRAINING:**

Do you possess a high school diploma or GED?    Yes    No  
School Name/City/State/Zip: \_\_\_\_\_

**List formal education beginning with the most recent. Include college, vocational or business school, apprenticeships, military training, etc. (Attach additional sheets if necessary)**

Name and Address of Post-Secondary School: \_\_\_\_\_  
Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_  
Did you graduate?    Yes    No    Type of degree: \_\_\_\_\_

Name and Address of Post-Secondary School: \_\_\_\_\_  
Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_  
Did you graduate?    Yes    No    Type of degree: \_\_\_\_\_

Name and Address of Post-Secondary School: \_\_\_\_\_  
Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_  
Did you graduate?    Yes    No    Type of degree: \_\_\_\_\_  
School Activities & Honors Received: \_\_\_\_\_

**MALES BORN AFTER DECEMBER 31, 1959 ARE REQUIRED TO REGISTER WITH THE SELECTIVE SERVICE. ARE YOU REGISTERED WITH THE SELECTIVE SERVICE?**

YES    NO

## “Equal Opportunity Employer”

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I further understand that, if hired, my employment is at-will and can be terminated at any time, with or without notice, for any reason. I also understand that while personnel policies, programs, and procedures may of necessity change from time to time, such at-will status is not subject to change absent a written agreement signed by an authorized representative of the City of Pierre.

**DRUG-FREE WORKPLACE ACT COMPLIANCE:**

The City of Pierre complies with the Drug-Free Workplace Act. As a condition of your employment you may be asked to participate in drug screening. If you refuse such screening or test positive (evidence of drug use) you will not be offered employment or such offer will be withdrawn.

**AMERICAN WITH DISABILITIES ACT COMPLIANCE:**

The City of Pierre fully subscribes to the provisions of the American with Disabilities Act and will attempt in its employment process to make any reasonable accommodations necessary to assist qualified person with disabilities.

Have you ever had any convictions, probations or deferred adjudications for any offense other than traffic fines of \$200.00 or more? **One or more convictions will not necessarily disqualify you from employment with the City of 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.

OFFENSE	PLACE	DATE	DISPOSITION (SENTENCE)

**\*\*\* AUTHORIZATION FOR RELEASE OF INFORMATION \*\*\***  
**\*\*\* ALL APPLICANTS MUST COMPLETE THIS PORTION \*\*\***

As a part of the City of 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 Pierre Human Resources Office, 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 Pierre as defined by SDCL 23-5-10(1). 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