

EMPLOYMENT APPLICATION

City of Huron, South Dakota

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				SSN	
City			State		ZIP
Home Phone		Work Phone		Email Address	
Are you age 18 or older? YES <input type="checkbox"/> NO <input type="checkbox"/> If No List Age _____			Are you age 21 or older? (POLICE ONLY) YES <input type="checkbox"/> NO <input type="checkbox"/> If No List Age _____		
Are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, Permanent Residency or Work Permit No: _____					
Have you ever plead guilty or been convicted of a crime that would effect your fitness to perform this job? <i>(Exclude misdemeanor traffic violations. Conviction of a crime does not automatically bar you from employment)</i>					YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, date: _____			Offense: _____		
Are there any charges pending in this state or other states which may inhibit your ability to perform in this position?					YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, explain: _____					
Is any additional information relative to change of name, use of assumed name, maiden name, or nickname necessary to conduct a check of your work record?					YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, explain: _____					
If this position requires a Driver's License do you have a valid Driver's License?					YES <input type="checkbox"/> NO <input type="checkbox"/>
License Number: _____		Exp Date: _____		State: _____	
Do you claim Veteran's preference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, attach a copy of DD214 (separation papers)	
POSITION / JOB INFORMATION					
Position Applied For				Date Available for work	
Are you willing to work nights, weekends and holidays?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Referral? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, who? _____			
Name(s) and relationship of relative(s) in our employ (If none, write "None"):					
Have you been previously employed by the City of Huron?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, when? _____			Position: _____		
EDUCATION AND TRAINING <small><i>(The information provided on the following pages will 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 you need more space, attach additional sheets.)</i></small>					
High School			Address		
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>					
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

RELATED WORK EXPERIENCEAre you licensed, registered or certified in a profession or trade? YES NO

If yes, identify the profession or trade name:

License / Permit / Certification Number:

State:

Exp. Date:

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

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

PREVIOUS EMPLOYMENT *(List last three employers starting with most recent)*

Company

Phone ()

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company

Phone ()

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company

Phone ()

Address

Supervisor

Job Title

Starting Salary \$

Ending Salary \$

Responsibilities

From

To

Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

UNEMPLOYMENT (LIST ALL PERIODS OF UNEMPLOYMENT)

From:	To:
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How did you spend this time?

From:	To:
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How did you spend this time?

REFERENCES (please list three professional references)

Full Name	Relationship
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Company	Work Phone ()
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Home Phone ()	Cell Phone ()
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Address	City	State	ZIP
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Full Name	Relationship
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Company	Work Phone ()
---------	----------------

Home Phone ()	Cell Phone ()
----------------	----------------

Address	City	State	ZIP
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Full Name	Relationship
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Company	Work Phone ()
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Home Phone ()	Cell Phone ()
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Address	City	State	ZIP
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DISCLAIMER AND SIGNATURE

I hereby certify that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations. I am aware that all statements submitted on this application are subject to investigation and verification. I understand that any withholding of information, misrepresentation or falsification of statements on this application or on city medical forms could result in rejection for employment, or if employed, termination from the city at any time.

I authorize and release from liability all employers, persons, schools, law enforcement agencies and other organizations to provide information requested by the City of Huron in its processing of this application.

I also understand that nothing in this application or in the granting of an interview is intended to create an employment contract. I have received no promise regarding employment and I understand that no such promise or guarantee is binding on the City of Huron. If an employment relationship is established, my employment is at-will and I understand that I have the right to terminate my employment at any time and that the City of Huron has a similar right.

YOU MUST SIGN THIS APPLICATION – UNSIGNED APPLICATIONS MAY BE DISQUALIFIED.

Signature	Date
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The City of Huron, 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. The City of Huron 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 persons with disabilities.

RETURN APPLICATION TO

Nathan Hofer, Human Resource Manager
 239 Wisconsin Ave SW • PO Box 1369
 Huron, SD 57350
 Phone: 605-353-8505 Fax: 605-353-8506
 Email: hrmanager@huronsd.com

CITY OF HURON
PERMISSION TO RESEARCH
DRIVING HISTORY, SEXUAL OFFENDER REGISTRY & CRIMINAL BACKGROUND

I, (print name) _____, do hereby authorize a review of and full disclosure of vehicle operator license status, driving history records, sexual offender registry and criminal history records concerning myself to any duly authorized agent of the City of Huron whether the said records are public, private or confidential.

The intent of this authorization is to give my consent for full and complete disclosure of my vehicle operator license status and driving history. I understand that any information obtained during the investigation of my vehicle operator license status and driving history records, which is developed directly or indirectly, in whole or in part upon this release authorization, may be considered in determining my suitability for employ by the City of Huron.

The intent of this authorization is to give my consent for full and complete investigation of my criminal history records. I understand that any information obtained during the investigation of my criminal history records, which is developed directly or indirectly, in whole or in part upon this release authorization, may be considered in determining my suitability for employ by the City of Huron.

If this position involves working with or around minor children, then the intent of this authorization is to give my consent for investigation of any pertinent history that may be shown in the county and state sexual offender registry.

If this position requires the operation of a vehicle controlled by Commercial Drivers License (CDL) regulations, I hereby authorize full disclosure of my previous drug and alcohol testing results from past employers where I participated in a federally mandated drug and alcohol testing program controlled by the US Dept. of Transportation, Federal Highway Administration. This permission includes the right for the City of Huron Drug/Alcohol Program Manager to discuss my drug and alcohol testing history with representatives of previous employers – as permitted by federal regulations. Any information discussed related to Federal Motor Carrier Controlled Substances and Alcohol Use and Testing regulations will be held as confidential information for the use of the City Drug/Alcohol Program Manager.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information. I do hereby release said person(s) from any and all liability that may be incurred as a result of furnishing such information.

Signed: _____

Date: _____

Witness to applicant signature:

If applicant is 17 years of age or under, then a parent or legal guardian must witness the applicant's signature.

Witness Signature

Date: _____

Printed name of witness / parent / legal guardian: _____