

City of Mobridge
Application for Employment
An Equal Opportunity Employer

Revised 07

Applications must be received by closing date and time of Job Announcement.

Personal Information

1. Name: Last _____ First _____ MI _____

2. Address _____
Street/Box # _____ City _____ State _____ Zip _____

3. E-Mail Address _____ Social Security # (optional) _____

4. Telephone: Home _____ Work _____ Cell _____

5. Have you ever attended school, or been employed under any other name than used in #1.

Yes _____ No _____ Name _____

6. Do you claim veteran's preference? Yes _____ No _____ If yes, attach a copy of DD214 (separation papers).

7. Circle each type of employment you will accept: Full-time _____ Part-time _____

8. When could you begin employment? Date: _____ OR After _____
_____ working days notice to present employer.

10. Have you ever been employed by the City of Mobridge? Yes _____ No _____

11. Are you: over 18 over 21

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

13. May we contact your current, most recent or past employers regarding your qualifications?

Yes _____ No _____ If no, explain:

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, use line #24 or attach additional sheets. **NOTE: Resumes will not be accepted in lieu of completion of any part of this application**

Education and Training

14. Do you possess a high school diploma or GED? Yes _____ No _____

School Name/City/State _____

15. List formal education beginning with the most recent. Include college, vocational or business school, apprenticeships, military training, etc,

A. Name and Location of Post-Secondary School _____

Dates Attended _____ to _____ Major _____ Minor _____

Did you graduate? Yes _____ No _____ Type of degree _____

B. Name and Location of Post-Secondary School _____

Dates Attended _____ to _____ Major _____ Minor _____

Did you graduate? Yes _____ No _____ Type of degree _____

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

17. List below any violations, other than minor traffic offenses for which you were convicted in a court of law. **Convictions will not necessarily disqualify you from employment with the City of Mobridge. 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 recentness of the offense, etc. Please be complete. All information is subject to verification.**

Offense	Place	Date	Disposition (Sentence)
_____	_____	_____	_____
_____	_____	_____	_____

18. Do you possess a valid Driver's License? Yes _____ No _____ Class _____

License # _____ State _____ Exp. Date _____

19. List occupational licenses/certifications in field of work _____

20. List office equipment you can operate. _____

WORK HISTORY

22. Begin with your current or most recent position and work backward. 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, use line 24 or attach additional sheets using the same format.

A. Current or most recent position:
Dates of employment: From _____ to _____ Total Years _____ Months _____
Job Title _____ Starting salary _____ Ending salary _____

Employer _____ Type of Business _____
Employer's address _____ Phone _____
Supervisor's name and title _____ Phone _____
Number of employees you supervised _____ Average hours worked per week _____
Reason for leaving _____
Complete description of duties: _____

B. Next Previous Position:
Dates of employment: From _____ to _____ Total Years _____ Months _____
Job Title _____ Starting salary _____ Ending salary _____
Employer _____ Type of Business _____
Employer's address _____ Phone _____
Supervisor's name and title _____ Phone _____
Number of employees you supervised _____ Average hours worked per week _____
Reason for leaving _____
Complete description of duties: _____

C. Next Previous Position:
Dates of employment: From _____ to _____ Total Years _____ Months _____
Job Title _____ Starting salary _____ Ending salary _____
Employer _____ Type of Business _____
Employer's address _____ Phone _____
Supervisor's name and title _____ Phone _____
Number of employees you supervised _____ Average hours worked per week. _____
Reason for leaving _____
Complete description of duties: _____

D. Next Previous Position:
Dates of employment: From _____ to _____ Total Years _____ Months _____
Job Title _____ Starting salary _____ Ending salary _____
Employer _____ Type of Business _____
Employer's address _____ Phone _____
Supervisor's name and title _____ Phone _____

Number of employees you supervised _____ Average hours worked per week _____

Reason for leaving: _____

Complete description of duties: _____

23. Additional Space. If you still need more space to complete information given elsewhere on this form or to summarize other pertinent education or experience, which qualifies you for the position for which you are applying, please attach additional sheets.

DRUG-FREE WORKPLACE ACT COMPLIANCE: The City of Mobridge complies with the Drug-Free Workplace Act. As a condition of your employment, you will be asked to participate in drug screening. If you refuse such screening or test positive (evidence of drug usage) you will not be offered employment or such offer will be withdrawn.

AMERICANS WITH DISABILITIES ACT COMPLIANCE: The City of Mobridge 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.

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 named in this application to provide information requested by the City of Mobridge 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 Mobridge. If an employment relationship is established, my employment is at-will and can be terminated at any time, with or without notice, for any reason. I understand that I have the right to terminate my employment at any time and that the City of Mobridge has a similar right.

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

Sign Here in _____ Date _____