

APPLICATION FOR EMPLOYMENT

Spink County Highway and Weed Department

1518 E 7th Avenue Redfield SD 57469

Phone: (605) 472-5008

Please Print

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability. For requests related to any accommodation needed for the application process, see the Highway Superintendent.

Date of Application _____ Position(s) Applied for _____
(full time _____) (part time _____) (summer/seasonal _____)

When could you begin employment? _____

If summer/seasonal position, what would be the last day you could work? _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Phone # _____ Social Security # _____

Are you under age 18? _____

Do you have a current SD driver's license? _____ Driver's License # _____

Do you have a CDL? _____ If yes, what class? _____

Do you have a certified pesticide applicator license? _____ License # _____

If no, are you willing to participate in training and testing to become certified? _____

Are you authorized to work in the United States? _____

Have you been convicted of a felony within the last (7) years related to theft, dishonesty, or driving under the influence? _____ If yes, explain _____

Note: A conviction will not automatically disqualify an applicant. The employer will consider the type and seriousness of the crime, the frequency of violations, the applicant's age at the time of conviction, and the date of conviction or time elapsed since the conviction or completion of any jail sentence in addition to other job-related criteria.

Are you willing to have your past employer(s) contacted regarding your qualifications? _____

Are you able to perform the essential functions of the position applied for with or without reasonable accommodations? _____

Are you a veteran of the U.S. military service? Yes _____ No _____ Prefer to not answer _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps:

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

I am a protected Veteran under VEURAA _____ (check if applies & disclosing)

Signed _____

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

Give name, address and phone number of three references not related to you.

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job, including military service assignments.

Employer:	Dates From / To	Job Description
Address:		
Job Title:	Hourly Rate Starting / Final	
Supervisor:		
Reason for Leaving:		

Employer:	Dates From / To	Job Description
Address:		
Job Title:	Hourly Rate Starting / Final	
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Address:		
Job Title:	Hourly Rate Starting / Final	
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(If you need additional space, please continue on separate sheet of paper.)

Summarize special skills and qualifications acquired. Include information regarding specific pieces of equipment you have experience operating, knowledge or experience with herbicides and weed control, or any additional skills which would be beneficial to employment with the highway department. _____

EDUCATION

	Elementary School	High School	College / Vo Tech	Graduate
School Name:				
Year Completed:	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree:				
Course of Study:				
Describe specialized training, apprenticeship, skills and extracurricular activities.				

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application. _____

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the county.

Applicants Signature

Date