

# APPLICATION FOR EMPLOYMENT

## Spink County Highway and Weed Department

1518 E 7<sup>th</sup> Avenue Redfield SD 57469

Phone: (605) 472-5008

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**Please Print**

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Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

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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? \_\_\_\_\_

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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 a citizen of the United States? \_\_\_\_\_ If not, do you possess an Alien Registration Card? \_\_\_\_\_

Alien Registration # \_\_\_\_\_

Have you been convicted of a felony within the last (7) years? \_\_\_\_\_ If yes, explain \_\_\_\_\_

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

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Are you a veteran of the U.S. military service? \_\_\_\_\_ If yes, which branch? \_\_\_\_\_

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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**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.

Handicapped Individual \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Vietnam Veteran \_\_\_\_\_

Signed \_\_\_\_\_

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

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

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## 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	
Supervisor:		
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Address:		
Job Title:	Hourly Rate Starting / Final	
Supervisor:		
Reason for Leaving:		

(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.

I fully understand that the unwise use of alcoholic beverages, becoming delinquent in my bills and taxes and noncompliance with the rules and regulations pertinent to my work will be just cause for my immediate discharge.

All employees are on probation for six (6) months.

The Highway Superintendent has the right to make reductions of personnel as he sees fit in the event of seasonal layoffs or other conditions.

\_\_\_\_\_  
Applicants Name