

APPLICATION FOR EMPLOYMENT

City of Philip

140 S. Howard Ave. 4th Floor, P.O. Box 408, Philip, SD 57567
Telephone: (605)859-2175 FAX: (605)859-2266
Email: philip@gwtc.net

APPLICANT INFORMATION		
Last Name:	First:	MI:
Street Address: Mailing Address:	C/S/Z	
Home Phone:	Cell:	
E-mail:		
Are you 18 or older? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you 15 or older? (LIFEGUARDS ONLY) YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you legally eligible for employment in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> <small>*Proof will be required upon hire.</small>		
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# _____ State _____ Expiration Date _____		
Do you possess a valid Commercial Driver's License (CDL)? YES <input type="checkbox"/> NO <input type="checkbox"/> Class _____ Endorsements _____ License # _____ State _____ Expiration Date _____		

POSITION APPLYING FOR:
Check each type of employment you will accept: Full-time employment <input type="checkbox"/> Part-time employment <input type="checkbox"/> Temporary employment <input type="checkbox"/> Seasonal-able to work 30 hours/week (duration of swimming pool season) <input type="checkbox"/>
When could you begin employment? Date: _____ After ___ working days notice to present employer.
May we contact your current employer, most recent or past employers regarding your qualifications? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, explain: _____

EDUCATION & TRAINING <small>(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 pages.)</small>
Do you possess a high school diploma or GED? YES <input type="checkbox"/> NO <input type="checkbox"/> High School Name/City/State: _____
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 _____
College: _____ Address: _____ From: _____ To: _____ Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> DEGREE _____

NOTE: Applications will be considered active for 60 days, however incomplete and/or unsigned applications will not be considered.

RELATED WORK EXPERIENCE

Are you licensed, registered or certified in a profession or trade? YES NO

If yes, identify the profession or trade name: _____

License/Permit/Certification #: _____ State: _____ Expiration 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 which you are eligible. Include expiration dates.

PREVIOUS EMPLOYMENT (List last three employers starting with the 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

NOTE: Applications will be considered active for 60 days, however incomplete and/or unsigned applications will not be considered.

REFERENCES (Please list three professional references)

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

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

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

DRUG FREE WORKPLACE: The City of Philip recognizes the importance of protecting the health, safety and well being of all employees. This is accomplished by providing a safe workplace through maintaining a drug and alcohol free workplace. 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 use) you will not be offered employment or such offer will be refused.

EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE: The City of Philip is an Equal Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital status or family status.

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, 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 Philip 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 and employment contract. I have received no promise regarding employment and I understand that an appointment is not deemed complete until a probation period of three months has elapsed as a new employee. In addition, I understand that no such promise or guarantee is binding on the City of Philip. If an employment relationship is established, I understand that my employment is for no definite period of time, and if terminated, the city is liable only for wages, salary and benefits earned as of the date of termination.

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

Signature _____ Date _____

For those applicants under the age of 18 years, this form must also be signed by a parent/legal guardian agreeing to the provisions as set forth in the disclaimer.

Signature _____ Date _____

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