

In accordance with the Federal Department of Transportation and the policy of City of Box Elder, the City conducts urine drug screening for pre-employment and at prescribed times for safety-sensitive positions. If you refuse testing or test positive (evidence of drug usage), your offer of employment will be withdrawn. City of Box Elder also complies with the Drug-Free Workplace Act of 1988.

If you wish to claim veterans' preference, please attach the Application for Veterans' Preference form (available at the Finance Office) or other suitable evidence of service during qualifying periods.

EDUCATION/TRAINING

Do you have a high school diploma or GED? Yes _____ No _____

Please circle highest year of education completed: 8 9 10 11 12 13 14 15 16 17 18 19 20

Please list high school, college or vocational institution attended.

Name/Address	Major	Degree

Please list any other training, skills and abilities that may be applicable this position:

Please check any equipment or machinery you are trained and qualified to operate:

_____ Computer Software Used: Please specify: _____

_____ Typewriter/Computer Keyboard Speed: _____

_____ Dictating Equipment

_____ Calculator

_____ Radio Communication

_____ Power Tools, Vehicles, Trucks, Heavy Equipment: Please specify: _____

_____ Other

Please list any license or certificates you may have that may be applicable to your consideration for this position:

WORK HISTORY

Have you ever worked for City of Box Elder? Yes _____ No _____ If yes, please state last position held and period of employment. Position Title: _____ From _____ (mo/yr) To _____ (mo/yr)

Start with your present or most recent employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

May we contact your present or most recent employer regarding your qualifications? Yes _____ No _____

INSTRUCTIONS: All job applicants must complete the following. Please print in ink or type all answers. Photocopies are acceptable. Please sign and date application. You are welcome to attach a resume.

1.
Job Title _____ Starting Salary _____ Last Salary _____
Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total Years _____ Months _____
Employer _____ Phone _____
Employer's Address _____
Supervisor's Name and Title _____
Contact Person _____ Phone _____ Email _____
Reason for Leaving _____
Complete description of duties _____

2.
Job Title _____ Starting Salary _____ Last Salary _____
Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total Years _____ Months _____
Employer _____ Phone _____
Employer's Address _____
Supervisor's Name and Title _____
Contact Person _____ Phone _____ Email _____
Reason for Leaving _____
Complete description of duties _____

3.
Job Title _____ Starting Salary _____ Last Salary _____
Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total Years _____ Months _____
Employer _____ Phone _____
Employer's Address _____
Supervisor's Name and Title _____
Contact Person _____ Phone _____ Email _____
Reason for Leaving _____
Complete description of duties _____

You may attach additional sheets as needed.

VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

City of Box Elder is an Equal Employment Opportunity Employer. While you are not required to do so, we are requesting that you complete the following questions to help us measure our effectiveness in meeting our EEO obligations. This is a voluntary act on your part and will not, in any way, harm or assist you with your relationship with the City. This questionnaire is removed from your application before it is evaluated. The data collected will remain in our files but will not be used in any way other than statistical reporting. Thank you for helping us evaluate our recruitment and selection procedures.

Name

City and State you currently reside in

Position Applied For

Your Age

Please check the following designations that apply to you:

_____ Male

_____ Female

_____ (1) White

_____ (2) Black, Jamaican, Trinidadian, or of West Indian ancestry

_____ (3) Hispanic, Mexican American, Puerto Rican, Cuban, Latin American or of Spanish ancestry

_____ (4) Native American ancestry, American Indian

_____ (5) Asian or Pacific Islander

_____ (6) Aleut, Eskimo, Malayan, or of Thai ancestry

Please explain why you would like to relocate to Box Elder, SD:

