



City of Box Elder

420 Villa Drive
Box Elder SD 57719
(605) 923-1404
Fax:(605) 923-4264

humanresources@boxelder.us

Application for Employment

PLEASE PRINT

PERSONAL

Name: _____ Date: _____

Address: _____ SS#: _____

City: _____ State: _____ Zip Code: _____ Number:(____ , _____)

Position desired? _____

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodations? YES NO If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES NO

(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES NO

(If no, you may be required to provide authorization to work.)

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? YES NO If yes, please explain:

(A conviction will not necessarily result in the denial of employment.)

Have you ever worked for this City before? YES NO

If yes, When? (Give dates)

Job Title: _____

Do you have any relatives or friends who work for the City? YES NO If yes, who?

Are you available to work: DAYS NIGHTS WEEKENDS FULL TIME If you cannot work full time, please explain:



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Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES NO If yes, may we contact your employer? YES NO If presently employed, why are you considering leaving?

Do you belong to any professional, trade, business or civic organizations that deals with the position for which you are applying? YES NO If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

Account for any full month since leaving school (high school or college) that you were not working:

	From	To	Reason
Mo/Yr			
Mo/Yr			
Mo/Yr			

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES NO If yes, please describe:



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List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EMPLOYMENT Start with your present or most recent position (list last 10 years)

Name of Employer		Telephone Number ()		
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title		
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final Rate of Pay	Reason for Leaving
Describe the Work Performed				
Name of Employer		Telephone Number ()		
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title		
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final Rate of Pay	Reason for Leaving
Describe the Work Performed				
Name of Employer		Telephone Number ()		
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title		
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final Rate of Pay	Reason for Leaving
Describe the Work Performed				

Use and additional sheet of paper if more space is necessary.



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PERSONAL REFERENCES Give three individuals (not relatives or employers)

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ()

EXCEPT WHERE CLASSIFICATION IS A BONAFIDE OCCUPATIONAL QUALIFICATION, APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, DISABILITY, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, MARITAL STATUS, OR VETERAN STATUS.

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any relevant prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the city, I understand that if I am hired, my employment is at-will and for no definite time and may be terminated at any time without prior notice.

Signed: _____



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Do not write below this line

RESULTS

Employed: YES NO

If Yes, Job Title: _____ Department: _____

Date beginning Employment _____ Compensation \$ _____ per _____

Interviewed by: _____ Date: _____