

City of Elk Point Employment Application

Please Print all
Information Requested
Except Signature

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE: _____

Name: _____
Last First Middle

Present Address: _____
Street or PO Box City SD Zip

How Long at address: _____ Social Security No.: _____-_____-_____

Phone Number: _(____)_____ If under 18, please list age: _____

Are you a U.S. citizen? ___ Yes ___ No

Position applying for (1): _____ (2): _____

Employment desired ___ Full-Time only ___ Part-time only ___ Full or Part-time ___ Summer employment

Have you ever worked for the City of Elk Point before: _____ If so, where: _____ &
 When: _____

Date you can start work: _____ Referred by: _____

Type of School	Name of School	Number of Years Completed	Major & Degree
High School			
College			
Business or Trade School			

Have you ever been convicted of a crime? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), sentence(s) imposed, and type(s) of rehabilitaion. _____

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Have you ever been in the Armed Forces? ___ Yes ___ No

Are you now a member of the National Guard? ___ Yes ___ No

Work Experience: Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give company name. **Attach additional sheets if necessary.**

Name of Employer Address City, State, Zip Code Phone Number	Employment Dates: From: _____ To: _____	Pay (per/hr) or Salary Start: _____ Final: _____
	Your last job title: _____	

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.		

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	Your last job title: _____	
Reason for leaving (be specific):		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.		

May we contact your present employer? ___ Yes ___ No If so, whom should we contact? _____

Office Use Only

Skills-circle one:

Typing: Yes No N/A 10-key: Yes No N/A

Computer Skills: list different programs used: ___ Word ___ Excel ___ Power point ___ Others:

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Please list two references other than relatives:

Name: _____

Name: _____

Company: _____

Company: _____

Position: _____

Position: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the City's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time at either my or the City's option. I also understand and agree that the City may change the terms and conditions of my employment, with or without cause, and with or without notice at any time.

Date: _____ Signature of applicant: _____

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