



APPLICATION FOR EMPLOYMENT

Please print (black or blue ink) or type.

City of Spearfish
 625 Fifth Street
 Spearfish, SD 57783
 www.cityofspearfish.com
 Telephone: (605) 642-1354
 Fax: (605) 642-1329

Submit Form

THE CITY OF SPEARFISH IS AN EQUAL OPPORTUNITY EMPLOYER.

Date of Application	Position(s) Applied For		
Last Name	First Name	Middle Initial	
Street Address			
City, State, Zip Code			
Telephone Number (home or cell)		Driver's License No. / State which Issued License _____ / _____	
Email Address		Expiration Date _____	

Do you wish to claim veterans' preference? Yes No

If yes, DD-214 (separation papers) must be attached.

Place of residence if different from mailing address _____

Type of Employment Desired: Full-Time Part-Time (indicate days of week and approx. # of hours per week: _____)

(Check all that apply) Regular Temporary Seasonal

Can you perform the essential functions of the job for which you are applying?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Available for Work
--	---------------------------------	--------------------------------	-------------------------

Have you ever been employed here before? If yes, list position(s) held and dates of previous employment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you legally authorized to work in the U.S.? Proof of legal authorization to work in the U.S. will be required upon employment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a felony in the last seven years? Such conviction may be relevant if job-related, but does not automatically bar you from employment. If yes, please explain.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you 18 years of age or older? If applying for Police Officer position, it is mandatory to state your date of birth _____ Are you currently certified to be a Law Enforcement Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what state are you certified in? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The information provided on the following pages will be used to determine your qualifications for employment. Be as thorough as possible in describing your education and work experience. **Vague or incomplete answers may not be interpreted in your favor.** If you need more space, please attach additional sheets.

EMPLOYMENT HISTORY

(Begin with the most recent)

Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, may we contact your present employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not currently employed, please skip to "Previous Employer" (section below).					

Current Employer Name		Dates of Employment (month/day/year)			
		From		To	
Address of Current Employer (Street, City, State, Zip Code)		Telephone Number of Current Employer			
Type of Business	Your Position Title	Why are You Considering Leaving?			
Immediate Supervisor's Name	Immediate Supervisor's Title	Beginning Salary		Current Salary	
Number of Employees you supervised	Average hours worked per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1-10	11-20	21-30	31+
Description of Position Duties					

Previous Employer Name		Dates of Employment (month/day/year)			
		From		To	
Address of Previous Employer (Street, City, State, Zip Code)		Telephone Number of Previous Employer			
Type of Business	Your Position Title	Reason for Leaving			
Immediate Supervisor's Name	Immediate Supervisor's Title	Beginning Salary		Ending Salary	
Number of Employees you supervised	Average hours worked per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1-10	11-20	21-30	31+
Description of Position Duties					

Previous Employer Name		Dates of Employment (month/day/year)			
		From		To	
Address of Previous Employer (Street, City, State, Zip Code)		Telephone Number of Previous Employer			
Type of Business	Your Position Title	Reason for Leaving			
Immediate Supervisor's Name	Immediate Supervisor's Title	Beginning Salary		Ending Salary	
Number of Employees you supervised	Average hours worked per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1-10	11-20	21-30	31+
Description of Position Duties					

Previous Employer Name		Dates of Employment (month/day/year)			
		From			To
Address of Previous Employer (Street, City, State, Zip Code)		Telephone Number of Previous Employer			
Type of Business	Your Position Title	Reason for Leaving			
Immediate Supervisor's Name	Immediate Supervisor's Title	Beginning Salary	Ending Salary		
Number of Employees you supervised	Average hours worked per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1-10	11-20	21-30	31+
Description of Position Duties					

If previous employment listed does not equal at least 5 years work history, please attach additional work history.

EDUCATION AND TRAINING

Do you possess a high school diploma or GED? Yes No

Choose from drop down or indicate last year of education completed. For high school diploma or GED choose "12."

List formal education beginning with the most recent. Include high school, college, vocational or business school, apprenticeship, military training, etc.

Name of School	
Address of School	
Type of credit (semester, quarter, CEU's, etc.)	Total credit hours
Major(s) or course	Minor(s)
Did you graduate?	Type of Degree

Name of School	
Address of School	
Type of credit (semester, quarter, CEU's, etc.)	Total credit hours
Major(s) or course	Minor(s)
Did you graduate?	Type of Degree

Name of School	
Address of School	
Type of credit (semester, quarter, CEU's, etc.)	Total credit hours
Major(s) or course	Minor(s)
Did you graduate?	Type of Degree

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 etc. which are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.) Also list any motorized equipment you can operate.

Summarize special skills and qualifications, professional licenses or certifications that may qualify you for the position for which you are applying.

REFERENCES

Name	Telephone Number	Years Known

Release and Authorization to Conduct Pre-Service Background Check

In the event the City of Spearfish ("City") extends you a conditional offer of employment, the City will conduct an investigation into your background using the information from your application. The information gathered in that investigation will be used to determine your eligibility to be an employee. Any negative factor in your background may be evaluated in terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the position.

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 misrepresentation. 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 could result in rejection for employment, or if employed, termination from the City at that time.

I also understand nothing in this application or in granting of an interview is intended to create an employment contract. I have received no promise regarding employment and I understand no such promise or guarantee is binding on the City of Spearfish. If an employment relationship is established, I understand I have the right to terminate my employment at any time and the City of Spearfish has a similar right.

In connection with my request to be considered for employment, I hereby authorize the City and its agents to investigate my background and obtain any and all information from any source and to keep and preserve records of such research. I voluntarily authorize all former employers; law enforcement agencies; state and federal agencies and subdivisions; motor vehicle departments; and city, state, county, and federal courts to release any information they may have about me to the City of Spearfish. Such requested information may include, but is not limited to: information about criminal convictions, driving record, work record, DOT-mandated drug and alcohol testing, social services records, civil court records, threatening or intimidating behavior, and unsafe or unlawful conduct.

A photocopy of this Authorization and Release may be treated as if it was an original. The original is maintained in the City of Spearfish Human Resources Department and will be available upon request.

I hereby release the City from any claims, liability, or damages related to any background check it may conduct in connection with my request to be considered for employment. I likewise hereby release from liability any party that complies with such a request in reliance on this Authorization and Release.

I have carefully read and understand this Authorization and Release and have voluntarily agreed to its terms in order to assist the City in its goal of engaging honest, trustworthy, reliable, capable, and nonviolent employees.

I further understand that all information and documents acquired by the City will be maintained as confidential by the City and that the City will not release such information to me, except as may be required by law.

If you are submitting this form electronically, select the signature box and follow the instructions provided

Sign Here _____

Date _____

Unsigned applications will be disqualified.

All applications are kept on file for one year.

Response Time Notice: Some positions within the City of Spearfish will require residency within a distance from the City of Spearfish adequate to meet a thirty (30) minute response time.

Drug Testing: The City of Spearfish complies with the Drug-Free Workplace Act and the DOT Drug and Alcohol Regulations. As a condition for employment, the City requires post-offer pre-employment drug testing.

American with Disabilities Act: The City of Spearfish fully subscribes to the provisions of the Americans with Disabilities Act and will attempt in its employment process to make any reasonable accommodations necessary to assist qualified persons with disabilities.

Equal Employment Opportunity: It is the policy of the City of Spearfish to provide equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, sexual orientation, national origin, creed, ancestry, pregnancy, age, genetic information, or disability in employment or the provisions of services, or any other basis prohibited by state or federal laws.