

THE CITY OF SALEM IS AN EQUAL OPPORTUNITY EMPLOYER.

City of Salem
400 N Main
PO Box 249
Salem, SD 57058

APPLICATION FOR EMPLOYMENT

Please print (black or blue ink) or type.

Telephone: (605) 425-2301
Fax: (605) 425-3194

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

Do you wish to claim veterans' preference? Yes No

If yes, DD-214 (separation papers) must be attached. If you are a disabled veteran, attach current VA disability certification with DD-214 (separation papers).

State law requires residency in South Dakota to be eligible to receive veterans' preference. Are you currently a resident of the state of South Dakota? Yes No

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	No	Date Available for Work
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Have you ever been employed here before? If yes, list position(s) held and dates of previous employment.	Yes	No
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	No
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	No
Are you under 18 years of Age? <i>If applying for Police Officer position, it is mandatory to state your date of birth _____</i>	Yes	No

The information provided on the following pages will be used to determine your qualifications for this position. 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.

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"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31+		
Description of Position Duties			

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Address of Previous Employer (Street, City, State, Zip Code)		Telephone Number of Previous Employer () -	
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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"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31+		
Description of Position Duties			

EDUCATION AND TRAINING

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

Circle last year of education completed. For high school diploma or GED circle "12."

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus.

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		
Attended from (mo/yr)	to	Total credit hours
Type of credit (semester, quarter, CEU's, etc.)		
Major(s) or course	Minor(s)	
Did you graduate?	Type of Degree	

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

Name of School		
Address of School		
Attended from (mo/yr)	to	Total credit hours
Type of credit (semester, quarter, CEU's, etc.)		
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.
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REFERENCES

Name	Telephone Number	Years Known

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

I also understand that 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 that no such promise or guarantee is binding on the City of Salem. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Salem has a similar right.

AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of the City of Salem employment process, we may be checking your background relative to job and personal references, criminal record, and social services record. In order to do that, we must have your authorization.

The undersigned hereby authorizes any state department of social services, any police department, and the City of Salem to obtain and/or release any and all information regarding the social services, work, credit, DOT mandated drug/alcohol testing, if applicable, or criminal history of the undersigned applicant for consideration for employment by the City of Salem.

Sign Here in ink _____ Date _____
Unsigned applications will be disqualified. All Applications Are Kept On File For One Year.

Response Time Notice: Some positions within the City of Salem will be subject to a 30-minute response time.

Drug Testing: The City of Salem 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 Salem 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.

The City of Salem, in accordance with state and federal laws, does not discriminate on the basis of age, race, color, ancestry, national origin, creed, religion, sex, marital status, disability or political affiliation.