



APPLICATION FOR EMPLOYMENT

CITY OF SALEM, SOUTH DAKOTA

400 N Main St, PO Box 249, Salem, SD 57058

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

NOTE: The City of Salem is an Equal Opportunity Employer. Qualified applications are considered for all open positions without regard to race, religion, creed, color, national origin, sex, age, disability, genetic information, political affiliation, marital or veteran status, or any other basis prohibited by state or federal law.

Date of Application: _____

Position Applied For: (circle one)

Lifeguard / Pool Manager / Sum Rec Coach / Sum Rec Asst Coach

PERSONAL INFORMATION				
Last Name		First Name		MI
Street Address		City	State	Zip
Mailing Address (if different than Street Address)		City	State	Zip
Home Phone	Cell Phone		Email Address	
Social Security Number		Driver's License No / State / Expiration Date		

EDUCATION				
	Name of School	City / State	Years Completed	Diploma/Degree
Elementary/Middle				
High School				
College				
Other				

OTHER EXPERIENCE, SKILLS and APPRENTICESHIPS (Lifeguard applications should list and attached copies of certificates)

REFERENCES	
Name	Phone
Address – City/State/Zip	Relationship to you
Name	Phone
Address – City/ State/ Zip	Relationship to you
Name	Phone
Address – City/ State/ Zip	Relationship to you

VETERANS
Are you eligible for Veteran's Preference? ____ YES ____ NO If yes, please attach a copy of DD214 (Separation papers)

EMPLOYMENT (please list current or most recent employment first)		
Employer	Address – City/State/Zip	
Job Title	Job Duties/Responsibilities	
Supervisor	Contact Information	
State Date (MM/YY)	End Date (MM/YY)	
Starting Salary -	Ending Salary -	Reason for Leaving

EMPLOYMENT		
Employer	Address – City/State/Zip	
Job Title	Job Duties/Responsibilities	
Supervisor	Contact Information	
State Date (MM/YY)	End Date (MM/YY)	
Starting Salary -	Ending Salary -	Reason for Leaving

AUTHORIZATION & AGREEMENT FOR EMPLOYMENT CONSIDERATION AND REFERENCE CHECKING
<p>I have applied for a position with the City of Salem, South Dakota, and I desire that they be fully advised of my employment record with former employers. I respectfully request that my former employers furnish all requested information concerning my employment with their organization to the City of Salem, and I hereby release my former employers from any and all liability of damages from providing the information requested.</p> <p>I give my consent to any physical examination, drug testing, or other assessments required by the City of Salem as a condition of employment.</p> <p>If employed, I understand that my employment will be for no definite period of time, and that both the City of Salem and I may terminate the employment at any time. I understand that if my employment is terminated, the City of Salem is liable only for wages and salary and benefits earned as of the date of termination.</p> <p>If employed, I understand that my employment is a Seasonal Position and is not eligible for Overtime wages.</p> <p>I certify that the information given by me is true and complete to the best of my knowledge and belief. I authorize investigation of all statements I have made. I understand that misrepresentation, falsification, or omission of facts called for in this application or in the interview and hiring process is cause for cancellation of this application or termination of my employment.</p> <p>Applicant's Signature: _____ Date: _____</p>

Note: Applications are considered active for 90 days. Incomplete and/or unsigned application will not be considered.