

## CITY OF CLARK, SOUTH DAKOTA 120 N COMMERCIAL Clark, SD 57225 Phone: (605)532-5665 Fax: (605)532-5668

APPLICATION FOR TEMPORARY EMPLOYMENT

### This TEMPORARY EMPLOYMENT APPLICATION will be used in a pool of applicants for temporary employment only and will be kept on file for 6 months from the date of application. NOT FOR FULL-TIME EMPLOYMENT.

INSTRUCTIONS: All job applicants must complete the following form before being employed. Please print in ink or type all answers. Photocopies are acceptable. You are welcome to attach a résumé. "Equal Opportunity Employer"

It is the policy of the City of Clark to affirmatively recruit, hire, train and promote the most qualified persons into all job levels without regard to race, color, religion, national origin, sex, or disability, and to recruit for disabled veterans, and veterans of the Vietnam Era.

**AMERICANS WITH DISABILITIES ACT COMPLIANCE:** The City of Clark 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.

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I further understand that, if hired, my employment is at-will and can be terminated at any time, with or without notice, for any reason. I also understand that, while personnel policies, programs, and procedures may change from time to time, such at-will status is not subject to change without a written agreement signed by an authorized representative of the City of Clark.

PERSONAL			
PLEASE PRINT			
Position Applied For:	Dat	e:	
Name:			
Last	First MI	Social Security Number	
Current Street Address	City	State Zip	
Phone: Home ( )Work (	)Cell (	)	
Email:			
Are you legally authorized to work in the United Stat	es? YesNo		
If the position requires driving, do you have a valid d	Iriver's license? Yes	No	
If yes, please list your driver's license number.	State: Number:		
If the position requires a commercial driver's license	, do you have a commercial	driver's license?	
Yes <u>No</u> Class: A B C	Endorsements:		
In accordance with the Federal Department of Tra conducts urine drug screening for pre-employment			

conducts urine drug screening for pre-employment and at prescribed times for safety-sensitive positions. If you refuse testing or test positive (evidence of drug usage), your offer of employment will be withdrawn. The City of Clark also complies with the Drug-Free Workplace Act of 1988 in the City's employment practices and policies. If you wish to claim veterans' preference, please attach DD Form 214 or other suitable evidence of service during qualifying periods.

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# **EDUCATION/TRAINING**

Do you have a high school diploma or GED? Yes\_\_\_\_ No\_\_\_\_

Please circle highest year of education completed: 8 9 10 11 12 13 14 15 16 17 18 19 20

Please list high school, college or vocational institution attended; first to last attended.

Name/Address	Major	Degree Received

Please list any other training that may be applicable to your skills and abilities as a job applicant.

Please check ar	ny equipment or machinery you are trained and qualified to operate.
Computer	
Software	Please specify.
Calculator	
Power To	ools, Vehicles, Trucks, Heavy Equipment: Please specify.
Other _	
Please list any s	pecial skills you may have that may be applicable to your consideration as a job applicant.

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	WORK HISTORY					
	Have you ever worked for the City of Clark? Yes No If yes, please state last position held and period of employment.					
	Position Tit	le:		From		To r Mo/Yr
vo		. You may excl	ude organizations, wl	lude any job-related	l milita	r Mo/Yr ary service assignments and eligion, gender, national
Aı	Are you willing to have your present or most recent employer contacted regarding qualifications? Yes No					
	Company Name					Telephone ( )
	Address	Street	City	State	Zip	Employed (State Month/Year) From To
1	Name of Superv	isor		Supervisor's Title	9	Salary or Hourly Pay Start Last
	State Job Title a	nd Describe You	ır Work			Reason for Leaving
	Company Name					Telephone ( )
	Address	Street	City	State	Zip	Employed (State Month/Year) From To
2	Name of Superv	isor		Supervisor's Title		Salary or Hourly Pay Start Last
	State Job Title a	nd Describe You	ır Work			Reason for Leaving
	Company Name					Telephone ( )
	Address	Street	City	State	Zip	Employed (State Month/Year) From To
3	Name of Superv	isor		Supervisor's Title		Salary or Hourly Pay Start Last
	State Job Title a	nd Describe You	ır Work			Reason for Leaving
	Company Name					Telephone ( )
	Address	Street	City	State	Zip	Employed (State Month/Year) From To
4	Name of Superv	isor		Supervisor's Title		Salary or Hourly Pay Start Last
	State Job Title a	nd Describe You	ır Work			Reason for Leaving

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# **REFERENCES** (other than listed on page 3)

Name			
Address			
City		State	Zip
Phone()_			(daytime hours)
Name			
Address			
City	······	State	Zip
Phone(  )_			(daytime hours)
Name			
Address			
City		State	Zip
Phone(  )_			(daytime hours)
Are you at least age 18?	Yes	No If no, what	at is your age?
		ark conducts background checks f onvicted of a crime in adult court, p	for all employees. If you are 18 years please complete this section.
Have you been convicted i	in a court of law?	Yes N	No
not necessarily disqualif of factors such as the d which you were convicted	y you from employn uties of the job for ed, your age at the ti	nent with the City of Clark. The which you are being considered me of the offense, rehabilitation	victed. One or more convictions will decision will be based on a number d, the seriousness of the offense of n efforts, the recency of the offense, to disclose convictions may result in
OFFENSE	PLACE	DATE	DISPOSITION (Sentence)

#### AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of the City of Clark 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 Clark Human Resources Department, 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 Clark. The undersigned also understands that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from employment.