



**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: \_\_\_\_\_ Date: \_\_\_\_\_

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 States? Yes \_\_\_ No \_\_\_

If the position requires driving, do you have a valid driver’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 \_\_\_ No \_\_\_ Class: A B C Endorsements: \_\_\_\_\_

In accordance with the Federal Department of Transportation and the policy of the City of Clark, the City 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.

**CITY OF CLARK  
APPLICATION FOR EMPLOYMENT  
Page 2 of 4**

**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 any equipment or machinery you are trained and qualified to operate.

\_\_\_\_\_ Computer

    Software: Please specify. \_\_\_\_\_

\_\_\_\_\_ Calculator

\_\_\_\_\_ Power Tools, Vehicles, Trucks, Heavy Equipment: Please specify. \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Please list any special skills you may have that may be applicable to your consideration as a job applicant.

---

---

---

---

**CITY OF CLARK  
APPLICATION FOR EMPLOYMENT  
Page 3 of 4**

**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 Title: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Start with your present or most recent employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disability or other protected status.

Are you willing to have your present or most recent employer contacted regarding qualifications?  
Yes \_\_\_\_\_ No \_\_\_\_\_

	<b>Company Name</b>		<b>Telephone</b> ( )
	<b>Address Street City State Zip</b>		<b>Employed (State Month/Year)</b> From To
<b>1</b>	<b>Name of Supervisor</b>	<b>Supervisor's Title</b>	<b>Salary or Hourly Pay</b> Start Last
	<b>State Job Title and Describe Your Work</b>		<b>Reason for Leaving</b>
	<b>Company Name</b>		<b>Telephone</b> ( )
	<b>Address Street City State Zip</b>		<b>Employed (State Month/Year)</b> From To
<b>2</b>	<b>Name of Supervisor</b>	<b>Supervisor's Title</b>	<b>Salary or Hourly Pay</b> Start Last
	<b>State Job Title and Describe Your Work</b>		<b>Reason for Leaving</b>
	<b>Company Name</b>		<b>Telephone</b> ( )
	<b>Address Street City State Zip</b>		<b>Employed (State Month/Year)</b> From To
<b>3</b>	<b>Name of Supervisor</b>	<b>Supervisor's Title</b>	<b>Salary or Hourly Pay</b> Start Last
	<b>State Job Title and Describe Your Work</b>		<b>Reason for Leaving</b>
	<b>Company Name</b>		<b>Telephone</b> ( )
	<b>Address Street City State Zip</b>		<b>Employed (State Month/Year)</b> From To
<b>4</b>	<b>Name of Supervisor</b>	<b>Supervisor's Title</b>	<b>Salary or Hourly Pay</b> Start Last
	<b>State Job Title and Describe Your Work</b>		<b>Reason for Leaving</b>

(You may attach additional sheets as needed.)

