

City of Clark, South Dakota

An Equal Opportunity Employer 120 N Commercial St Clark, SD 57225



Application for Employment

Please read – This is an application of employment and it not intended as any guarantee of employment or contract of employment with the City of Clark. Please complete all parts of this application to the best of your ability. 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, gender, age, disability, marital status, veteran status, sexual orientation, citizenship, political affiliation or any other characteristic protected by law.

A new application must be completed for each position for which you apply; including returning part-time, seasonal or temporary employees. Resumes will not be accepted in lieu of completion of any part of this application.

First Name		Middle Name	e/Initial Last Name	Social	Security #
Home Street Address			City	State	Zip
Primary Phone ()		Email Address		
Are you legally eligib	ole for e	employment in	this country? Yes No (Pro	of of eligibility will be requi	red upon employment)
Do you claim Vetera	n's Pref	ferences? Yes	No (If yes, attach a copy of DD22	14 – separation papers)	
Provide name & relations	ship of ar	ny relative who wo	orks for the City of Clark		
Provide position(s) held,	dates of	employment and	reason(s) for leaving if you have ever be	een employed by the City o	f Clark
List below any violat	ions, of	ther than mino	or traffic offenses, for which you	have been convicted of	of or pled guilty to wi
the last five years. Al	lso, list	all felony convi	ictions regardless of the date. Pro	ovide type of offense, p	place, date and sente
the last five years. Al Convictions will not r	lso, list necessa	all felony convi rily disqualify y	ictions regardless of the date. Proyou from employment with the C	ovide type of offense, p ity of Clark. Please be o	place, date and senter complete. All informa
the last five years. Al Convictions will not r	lso, list necessa	all felony convi rily disqualify y	ictions regardless of the date. Pro	ovide type of offense, p ity of Clark. Please be o	place, date and senter complete. All informa
the last five years. Al Convictions will not r is subject to verificat	lso, list necessa tion. Or	all felony convi Irily disqualify y mitted disclosu	ictions regardless of the date. Proyou from employment with the C	ovide type of offense, p ity of Clark. Please be o disqualify an applican	place, date and senter complete. All informa t.
the last five years. Al Convictions will not r is subject to verificat Complete the follow	lso, list anecessation. Or	all felony convi irily disqualify y mitted disclosu valid driver's li	ictions regardless of the date. Pro you from employment with the C ire, intended or unintended, will	ovide type of offense, p ity of Clark. Please be o disqualify an applican	place, date and senter complete. All informa t.
the last five years. Al Convictions will not r is subject to verificat Complete the follow	lso, list anecessation. Or	all felony convi irily disqualify y mitted disclosu valid driver's li	ictions regardless of the date. Pro you from employment with the C ire, intended or unintended, will	ovide type of offense, p ity of Clark. Please be o disqualify an applican	place, date and senter complete. All informa t.
the last five years. Al Convictions will not r is subject to verificat	lso, list anecessation. Or	all felony convi irily disqualify y mitted disclosu valid driver's li n:	ictions regardless of the date. Proyou from employment with the Care, intended or unintended, will icense is a requirement for the p	ovide type of offense, pity of Clark. Please be disqualify an applicant osition you are applying Class	olace, date and senter complete. All informate. t. ng for: Expiration
the last five years. Al Convictions will not r is subject to verificat Complete the follow Driver's License Info	lso, list anecessation. Or ring if a rmation	all felony convi irily disqualify y mitted disclosu valid driver's li n: State B C	ictions regardless of the date. Proyou from employment with the Care, intended or unintended, will icense is a requirement for the p	ovide type of offense, pity of Clark. Please be disqualify an applicant osition you are applying Class	olace, date and senter complete. All informate. t. ng for: Expiration
the last five years. Al Convictions will not r is subject to verificat Complete the follow Driver's License Info	lso, list inecessation. Or ing if a rmation A	all felony convi	ictions regardless of the date. Pro you from employment with the C ire, intended or unintended, will icense is a requirement for the p License # Endorsements	ovide type of offense, pity of Clark. Please be disqualify an applicant osition you are applying Class	olace, date and sente complete. All informat. ng for: Expiration

Education and Training

		Did you graduate/GED?	Degree Received or Years	
School	School Name and Address	(Yes / No)	Completed	Major & Minor Fields of Study
High School or equivalent				(No need to complete this area of study for high school)
Vocational Technical				
College/University				
Other				

Licenses or Certificates

License or Certificate	Issuing State	License or Certification No.	Expiration Date (if applicable)

Employment Record - Begin with current or most recent employment. Use additional paper if necessary.

Employer / Company	Address			
Phone	Supervisor Reason		son for Leaving	
			o	
Dates of Employment	Ending Wage/Salary		May we contact this employer? If No,	
From (Mo/Yr) To (Mo/Yr)			please explain	
(, ,				
Position Title	List Duties/Responsibilities			
If you had supervisory responsibilities, please				
indicate how many individuals you supervised:				
or N/A				
UI N/A				

Employer / Company	Address		
Phone	Supervisor	Reason for Leaving	
Dates of Employment From (Mo/Yr) To (Mo/Yr)	Ending Wage/Salary	May we contact this employer? If No, please explain	
Position Title	List Duties/Responsibilities		
If you had supervisory responsibilities, please indicate how many individuals you supervised: or N/A			

Employer / Company	Address			
Phone	Supervisor	Reason for Leaving		
Dates of Employment From (Mo/Yr) To (Mo/Yr)	Ending Wage/Salary	l	May we contact this employer? If No, please explain	
Position Title	List Duties/Responsibilities			
If you had supervisory responsibilities, please indicate how many individuals you supervised: or N/A				

Professional References - List individuals familiar with your work – Do not include relatives.

Name & Address	Relationship	Years Known	Best contact information (email or phone)

Acknowledgement and Authorization

Please read each of the following carefully before signing this application: (Unsigned applications will be disqualified)

I understand and agree that:

- 1. The City has my authorization to thoroughly investigate my work history; including contacting current and former employers. I will hold no person, corporation or organization liable for giving or receiving information in this investigation.
- 2. In consideration of employment, I agree to conform to the rules and regulations of the City and I understand that no representative of the City has any authority to enter into any agreement, oral or written, for employment for any specific period of time or to make any agreement or assurances contrary to City policy.
- 3. The City is an equal opportunity employer. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.
- 4. As part of the City's employment process, the City may conduct a background check to confirm the accuracy of information supplied on this application. By signing this application, I knowingly and voluntarily authorize such investigation upon receiving a conditional offer of employment.
- 5. I understand that passing pre-employment screening, including drug and alcohol screening, fitness testing or psychological screening may be a requirement for some positions within the City. I understand that if a conditional offer of employment is given for a position with any of these requirements, a satisfactory completion of such pre-employment testing is considered a pre-requisite for qualifying for employment.
- 6. I further knowingly and voluntarily acknowledge that should any authorized background investigation produce an omitted disclosure regarding convictions, education or prior employers, intended or unintended, my application will be rejected and I will be disqualified for a period of five (5) years from the date of such discovery to make application for any position with the City, and I may be removed from the job after appointment.
- 7. I have read and agree to the above and hereby certify that the information provided in this employment application, including any additional information attached hereto, as well as any supplied during the hiring process, is true and complete.
- 8. 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.

Applicant's Signature	Date	