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.**

Personal – Please type or print

First Name	Middle Name/Initial Last Name		Socia	Social Security #		
Home Street Address		City	State	Zip		
Primary Phone ()		_ Email Address _				
Are you legally eligible	or employment in this cour	ntry? Yes No (F	Proof of eligibility will be requ	iired upon employment)		
Do you claim Veteran's	Preferences? Yes No	(If yes, attach a copy of DI	D214 – separation papers)			
Provide name & relationship	of any relative who works for the	City of Clark				

Provide position(s) held, dates of employment and reason(s) for leaving if you have ever been employed by the City of Clark

List below any violations, other than minor traffic offenses, for which you have been convicted of or pled guilty to within the last five years. Also, list all felony convictions regardless of the date. Provide type of offense, place, date and sentence. Convictions will not necessarily disqualify you from employment with the City of Clark. Please be complete. All information is subject to verification. Omitted disclosure, intended or unintended, will disqualify an applicant.

Complete the following if a valid driver's license is a requirement for the position you are applying for:

Driver's License Infor	rmatior	ו: ו:							
		S	state	Licens	e #	Class		Expiration	
Commercial Class	А	В	С	Endo	rsements			_	
Position Applying	For								
Available Sta	irt Date	e			Circle One:	Full Time	Part Time	Seasonal	
Are you at le	ast 18	years	of age?	Yes No	lf no, what is you	ır age?			

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 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	May we contact this employer? If No, please explain		
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If you had supervisory responsibilities, please indicate how many individuals you supervised: or N/A				

Employer / Company	Address			
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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				

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

			Best contact information
Name & Address	Relationship	Years Known	(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 _____

City of Clark 120 N Commercial Street Clark, SD 57225 605-532-5665 (phone) – 605-532-5668 (fax)