

Application for Employment

Brookings County Human Resources
314 6th Avenue ♦ Brookings, SD 57006
Phone: (605) 696-8205 Fax: (605) 696-8208

Email: hr@brookingscountysd.gov
Website: <http://www.brookingscountysd.gov>

BROOKINGS COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

“Special accommodations for application, testing, or job information in alternative formats available upon request.”

Answer all questions fully and accurately. All requested information is needed to help us evaluate your interests and qualifications for employment or to enable us to contact you. No action can be taken on this application until you have answered all questions legibly and the application and disclaimer are signed. Vague or incomplete answers will not be interpreted in your favor. **PLEASE PRINT** or **TYPE**, except for signature lines. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. If you need additional space, please attach additional sheets of paper.

Today's Date	Title of position applied for		
Last Name	First Name	Middle Name	
Please list other names you may have worked under:			
Mailing Address	Street/Box	City	Zip
Social Security Number	Contact Information: (please list only if we can contact you there)		
	Cell:	Home:	Work:
	Email address:		

Are you under age 18? Yes No

Check this box if you wish to claim veterans' preference

- To receive veterans' preference you must meet the requirements of state law and you must attach your DD214 (separation papers). If you are a disabled veteran, attach current VA disability certification with DD214. State law requires residency in South Dakota to be eligible for veterans' preference.
- Place of residency if different from mailing address: _____

Have you ever applied at the County before? Yes No

Were you ever employed with the County before? Yes No

Names of any relatives (and relationship) currently employed by the County: _____

Have you ever been convicted of a felony? Yes No If yes, give details: _____

(A 'yes' answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)

List names, addresses, and phone number of three (3) professional references, not relatives.

1. _____

2. _____

3. _____

EDUCATION AND TRAINING

NAME AND ADDRESS OF SCHOOLS	YEARS COMPLETED	COURSE OF STUDY	GRADUATED Yes OR No	GED/TYPE OF DEGREE
High School	9 10 11 12			
Undergraduate College				
Dates Attended: _____ to _____				
Graduate School				
Dates Attended: _____ to _____				
Technical, Business, Correspondence, Etc.				
Dates Attended: _____ to _____				

Use this space to identify any other educational or training experiences that you have had that are relevant to this position:

EXPERIENCE	DESCRIPTION	TIME INVOLVED

SPECIAL SKILLS/QUALIFICATIONS

What machines or equipment can you operate that are related to the job for which you are applying? _____

List all software programs in which you are proficient: _____

List any other special qualifications, certifications, licenses, professional or technical associations, registrations, etc. (include expiration dates if applicable): _____

For Driving Positions ONLY: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

WORK HISTORY

List below all present and past employers. Include paid or unpaid, full or part time, military, summer jobs, etc. Begin with most recent employment. If you need additional space, please continue on a separate sheet of paper.

Employer:	Dates Employed		Responsibilities
Supervisor:	From Month/ Year	To Month/ Year	
Telephone:			
Address:			
Position You Held:	Salary		
Reason for Leaving:	Starting	Final	

Employer:	Dates Employed		Responsibilities
Supervisor:	From Month/ Year	To Month/ Year	
Telephone:			
Address:			
Position You Held:	Salary		
Reason for Leaving:	Starting	Final	

Employer:	Dates Employed		Responsibilities
Supervisor:	From Month/ Year	To Month/ Year	
Telephone:			
Address:			
Position You Held:	Salary		
Reason for Leaving:	Starting	Final	

Employer:	Dates Employed		Responsibilities
Supervisor:	From Month/ Year	To Month/ Year	
Telephone:			
Address:			
Position You Held:	Salary		
Reason for Leaving:	Starting	Final	

May we contact your current or most recent employer regarding your qualifications? Yes No

How many days of work have you missed during the past year? (exclude absences due to disability or those covered by FMLA) _____

Have you ever been fired from a job or asked to resign from any position? Yes No

If yes, please explain: _____

**EMPLOYMENT APPLICATION & DISCLAIMER
AND ACKNOWLEDGEMENT**

Brookings County considers applicants without regard to race, color, religion, sex, age, national origin, marital or veteran status, disability, creed, ancestry, political affiliation, or any other legally protected status.

Please read and initial each of the following statements. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

INITIAL

_____ I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. Misrepresentations, falsification, or omission of facts called for in this application or in the interview process is cause for cancellation of this application or termination of employment. **Unsigned applications will not be considered.**

_____ I authorize any person, organization, or company listed on this application to furnish you any and all information concerning my previous employment, education, and qualifications for employment. I also authorize you to request and receive such information.

_____ In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added, or interpreted at any time, at the County's sole option and without prior notice to me.

_____ I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, by either myself or Brookings County, for any reason not expressly prohibited by law. If employed, I understand that my employment is for no definite period of time and, if terminated, the County is liable only for wages to cover actual hours worked as of the date of termination.

_____ I authorize Brookings County, its officers, agents, and employees to conduct a background investigation (including criminal) prior to making a decision regarding employment. I release and hold harmless Brookings County, its officers, agents, and employees, and the person providing the information from any liability related to the performance or result of this check.

_____ I hereby understand and acknowledge that, unless otherwise defined by applicable law, initial and ongoing employment with Brookings County is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the County Commission.

_____ I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organization to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such decisions.

_____ I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I give my consent to any pre-employment or post-employment health screenings, physical limitations testing, examinations, and/or any other requirements of Brookings County if an offer of employment has been given. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. Brookings County advises you not to resign or change your current employment status until you are advised that you have successfully completed the health assessment.

_____ I understand I may be required to successfully pass an alcohol and drug screening examination. I hereby consent to a pre- and/or post-employment alcohol/drug screen as a condition of employment, if required.

_____ Upon employment, employees will receive compensation through direct deposit to a financial institution. Finally, I understand that this application does not constitute a contract or guarantee employment, or if employed, does not bind either party to a specific period of employment.

AUTHORIZATION FOR REFERENCE REQUESTS

_____ I have applied with Brookings County for employment and I desire that they be fully advised of my record with former employers and schools I have attended. I, therefore, give my permission and request that former employers and prior schools attended furnish any and all requested information and records to Brookings County on their request for references in regard to the position for which I have applied. In addition, I hereby release all involved parties from any and all liability of damages for requesting or providing the reference information.

Signature

Date

Brookings County

Equal Employment Opportunity and Affirmative Action Statistics

Brookings County is an Equal Opportunity Employer. The attached information is required by state and federal regulations for statistical and affirmative action purposes and in no way influences employment prospects. This information is maintained confidentially and is not available to any employing agency. Your responses are voluntary.

Name

Date

Social Security Number

Title of Position Applied for

Sex: ____ (1) Male ____ (2) Female

Age Group:

- ____ (1) Under 18
- ____ (2) 18-22
- ____ (3) 23-29
- ____ (4) 30-39
- ____ (5) 40-49
- ____ (6) 50-59
- ____ (7) 60 or older

Racial/Ethnic Group:

- ____ (1) WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ____ (2) BLACK (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- ____ (3) HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ____ (4) AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the people of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ____ (5) ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

Disability:

Do you have a physical or mental impairment which limits one or more of your major life activities (e.g. walking, hearing, speaking, seeing, breathing, learning)?

_____ yes

_____ no