

Application for Employment

City of Lennox
107 South Main Street
P.O. Box 228
Lennox, South Dakota 57039-0228

An Equal Opportunity Employer

Position Applying for: _____

Name: _____

Last

First

Middle

Address: _____

Street/Box

City

State

Zip

Telephone: _____

Home

Office

Are you under age 18? _____Yes _____No

Are you legally eligible to be employed in the United States? _____Yes _____No

Do you have or can you get a State of SD Driver's License (If position requires) _____Yes _____No

Employment for which you are available:

_____Full-Time _____Permanent _____Seasonal

_____Part-Time _____Temporary (less than 6 months)

When could you begin?

_____Now

_____After _____ waiting days notice to current employer

_____Beginning on _____

May we contact your current or most recent employer regarding your qualifications?

_____Yes _____No

Circle last year of education completed. For high school diploma or GED circle "12".

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus

Please list name of school and degrees completed. Please indicate diploma, GED, or BS/BA.

	Location	Graduated Or credit hours	Major(s)
High school	_____	_____	_____
College/University	_____	_____	_____
Business/Vocational school	_____	_____	_____
Internships	_____	_____	_____

Additional training (workshops, seminars, apprenticeships, military or other training). Include approximate hours or days of training.

List any relevant licenses or certificates:

Employment

1. Current or Most Recent Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Months _____

Job Title _____ Starting salary _____ Last Salary _____

Employer _____ Type of Business _____

Employer's Address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reasons for Leaving _____

Complete description of duties _____

2. Next Previous Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Months _____

Job Title _____ Starting salary _____ Last Salary _____

Employer _____ Type of Business _____

Employer's Address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reasons for Leaving _____

Complete description of duties _____

3. Next Previous Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Months _____

Job Title _____ Starting salary _____ Last Salary _____

Employer _____ Type of Business _____

Employer's Address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reasons for Leaving _____

Complete description of duties _____

4. Next Previous Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Months _____

Job Title _____ Starting salary _____ Last Salary _____

Employer _____ Type of Business _____

Employer's Address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reasons for Leaving _____

Complete description of duties _____

Additional Space: Use this block to complete information given elsewhere on this form. If you still need more space, attach additional sheets. You may also use this space to summarize other pertinent education or experience which qualifies you for the position for which you applying.

Pre-Employment Agreement

I understand and agree that:

1. If I misrepresent or deliberately leave out a fact in my applications, I may be refused employment or, if employed, I may be terminated.
2. The City has authorization to thoroughly investigate my work, medical and personal history that is job-related. I will hold no person, corporation or organization liable for giving or receiving information in this investigation.
3. In consideration of my 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 specified period of time or to make any agreement or assurances contrary to this policy.
4. Any doctor, hospital or testing laboratory may conduct medical tests and I hereby give my consent to having all information released necessary for the city to determine my abilities to perform job duties now or in the future.
5. Passing the pre-employment physical examination including a drug and alcohol screening test may be a prerequisite for qualifying for employment. If a job offer is made, I understand it is conditioned on this requirement. Failure to provide accurate medical information will be considered grounds for dismissal.
6. The City is an equal opportunity employer. The City does not discriminate and 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.
7. If employed, I understand that my employment is for no definite period of time, and if terminated the City is liable only for wages and salary and benefits earned as of the date of termination.
8. I understand that an appointment shall not be deemed complete until a probation period of 6 months has elapsed as a new employee or a six month probation period for a promotion transfer.
9. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.
10. This application is current and active for only the position applied for and it will be necessary for me to fill out a new application for other positions that may be available.

Signature of Applicant

Date