CITY OF STURGIS

CITY OF STURGIS, SOUTH DAKOTA EMPLOYMENT APPLICATION
You must answer all questions to be considered. PLEASE PRINT.

The City does not discriminate based upon race, color, national origin, religion, sex, age, disability, sexual orientation or veteran's status.			
Last Name:	First Name:		M.I.
Present Address :	City:	State:	Zip:

Daytime Telephone No.	**Specific** position(s) applied for: *(We do not accept applications for "Any").*
Email Address (Optional):	

Available to start:	☐ Full-time ☐ Part-time ☐ Temp / Seasonal ☐ Rotating Shifts ☐ Weekends ☐ Nights

Have you ever been employed by City of Sturgis? If yes, give dates and job titles.	☐ Yes	☐ No
If hired, can you provide that you have the legal right to obtain employment in the USA? *(Proof of eligibility will be required upon offer of employment.)* To see which document(s) prove you have this legal right, please see an I-9 form.	☐ Yes	☐ No
Do you have any other commitments to another employer which might affect your employment with City of Sturgis? *If yes, explain.*	☐ Yes	☐ No
If required for the position, are you willing to undergo a pre-employment drug screen? (Acceptable forms of testing will be used. Failure to pass drug screen may result in job offer being withdrawn.)	☐ Yes	☐ No
Have you ever been suspended by an employer for either misconduct or poor job performance? *If yes, explain.*	☐ Yes	☐ No
Have you ever been discharged, asked to resign, or terminated for any reason other than layoff or lack of work? *If yes, explain.*	☐ Yes	☐ No
If hired, do you agree to follow all policies and procedures for the City of Sturgis?	☐ Yes	☐ No

If the position you are applying for requires driving, please answer the following questions: License Number: _____ State: _____ Expiration: _____ If a Commercial Driver's License is required for the position, what class CDL do you have? _____	☐ This position does not require a Driver's License.
Has your license ever been suspended, revoked, or put on probation? If yes, explain.	☐ Yes ☐ No
Have you been <u>convicted</u> of a <u>traffic</u> related crime (other than a minor traffic violation) in the past 7 years? If so, when and what was the disposition of the case? *(Conviction is not an automatic disqualification from employment.)*	☐ Yes ☐ No

EDUCATION AND TRAINING

School	Name and City / State of School	Last Yr Completed				Graduate?	Course of Study / Comments
High		9	10	11	12	☐ **YES** ☐ **NO**	
College / University		1	2	3	4	☐ **YES** ☐ **NO**	
Technical, Trade or Other Education		1	2	3	4	☐ **YES** ☐ **NO**	

Military Service?	☐ YES ☐ NO	If yes, honorable discharge? ☐ YES ☐ NO	Which branch of service?

Note: If you are a university or college student or graduate, you may be required to provide a copy of your transcript or a listing of courses in progress.

Special skills acquired from employment or other experiences:

Do you have any licenses, certificates, publication, or professional achievements that would support your application? *If yes, list.*	☐ Yes	☐ No
Do you belong to any professional societies or organizations? (Please exclude those which indicate race, color, national origin, religion, age, sex, disability, or are not relevant for the position.) If yes, list.	☐ Yes	☐ No

REFERENCES

Give the name, occupation, address, and telephone number of references who are familiar with your qualifications and are not related to you:

Name	Occupation & Relationship to Applicant	Phone Number
1.		
2.		
3.		

EMPLOYMENT HISTORY: Begin with current or most recent employer and account for the last three positions you have held.

CURRENT EMPLOYER _____ Type of Business _____

Address _____

From: Mo. – Yr.   To: Mo. – Yr.

Phone Number: _____

Starting Rate

Starting Position _____ Final Position _____

Current/Ending Rate

Name and Title of Immediate Supervisor _____

Number of employees you supervised: _____

Brief Description of Duties: _____

_____

May we contact this employer?
☐ Yes   ☐ No

Reasons for seeking new employment: _____

FORMER EMPLOYER #1 _____ Type of Business _____

Address _____

From: Mo. – Yr.   To: Mo. – Yr.

Phone Number: _____

Starting Rate

Starting Position _____ Final Position _____

Ending Rate

Name and Title of Immediate Supervisor _____

Number of employees you supervised: _____

Brief Description of Duties: _____

_____

May we contact this employer?
☐ Yes   ☐ No

Reasons for seeking new employment: _____

FORMER EMPLOYER #2 _____ Type of Business _____

Address _____

From: Mo. – Yr.   To: Mo. – Yr.

Phone Number: _____

Starting Rate

Starting Position _____ Final Position _____

Ending Rate

Name and Title of Immediate Supervisor _____

Number of employees you supervised: _____

Brief Description of Duties: _____

_____

May we contact this employer?
☐ Yes   ☐ No

Reasons for seeking new employment: _____

CERTIFICATION: IMPORTANT: READ CAREFULLY BEFORE SIGNING

I certify that the information in this application is true, correct, and complete, and I understand that any omissions, false or misleading statements supplied in this application or during the interview process will result in dismissal. **I authorize the City of Sturgis to verify the information set forth in this application and to obtain additional information relating to my background, as permitted by law. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any information concerning my background and release the City of Sturgis, from all liability for any damages that may result from furnishing same to the City. If applicable for my position, I authorize the City of Sturgis to check my driving history with the State of South Dakota.**

Should I receive an offer of employment, I hereby consent to a physical examination before I begin work (if required for position). **I also consent to pre-employment alcohol and/or drug testing.** I understand that my beginning work will be contingent upon acceptable job-related results of this medical examination and acceptable results of substance abuse testing. If employed, I promise, as a condition of employment, that I will submit to Human Resources verification of my U.S. Employment eligibility as required by INS Form I-9.

I understand that nothing in this application or in my acceptance of an offer of employment creates any contractual obligation upon me or upon the City to continue my employment in the future. I understand that my employment relationship with the City of Sturgis is "at will," which means my employment may be terminated by either myself or the City of Sturgis at any time for any reason. No representative of the City has the authority to enter into an oral agreement with a prospective employee or employee during employment for any specified period of time or for any specific term or condition of employment or to make any agreement or representation which is contrary to the foregoing.

I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE ABOVE, INCLUDING THE "AT WILL" STATUS OF MY EMPLOYMENT.

Date Signed _____   _____   _____
         Month Day Year   Print Name   Signature of Applicant *(in ink and in the handwriting of person submitting application)*

Revised September 2020