**HAND COUNTY-SOUTH DAKOTA**

**APPLICATION FOR EMPLOYMENT**

**[PRE-EMPLOYMENT QUESTIONAIRE] [AN EQUAL OPPORTUNITY EMPLOYER]**

(Please print neatly or type your responses.)

 DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No. \_\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. ( \_\_\_\_\_\_ ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

What kind of work are you applying for? **EMERGENCY MANAGER - FULL TIME**

Date of Birth \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

What special qualifications do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the following items can you operate?

[ ]  Windows based operating systems [ ]  FileMaker Pro [ ]  Printers (Ink, Laser, Dot Matrix)

[ ]  Microsoft Office Suite [ ]  10 Key [ ]  Audio Recorders

[ ]  Adobe Photo Deluxe [ ]  Typewriter [ ]  Video Recorders

[ ]  HP Photo Editor [ ]  Fax machine [ ]  Telephone systems

[ ]  Linksys Networks [ ]  Copier [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Two-Way Radio Equipment [ ]  Firearms [ ]  First Aid Equipment

**SPECIAL PURPOSE QUESTIONS**

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEEDING A QUESTION. THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

[ ]  Height \_\_\_\_ ft. \_\_\_\_ in. [ ]  Weight \_\_\_\_\_ lbs. [x]  Are you prevented from lawfully becoming employed in the U.S.? [ ]  Yes [ ]  No

[x]  Have you been convicted of a felony or misdemeanor within the last five years?\* [ ]  Yes [ ]  No Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

**MILITARY SERVICE RECORD**

Armed Forces Service [ ]  Yes [ ]  No Discharge Status: [ ]  Honorable [ ]  General [ ]  Dishonorable

Branch of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rating at time of discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of Service \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_

Do you have any physical limitations that prohibit you from performing any work for which you are considered? [ ]  Yes [ ]  No

If yes, what can be done to accommodate your limitations? Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If preferred, Please attach a resume with a list of personal references with this application. The attachment can be a separate copy or file. If resume includes items found on page 2 you can leave them blank.**

**EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SCHOOL | No. of Years Attended | Name of School | City | Course | Did you Graduate? |
| HIGH |  |  |  |  |  |
| COLLEGE |  |  |  |  |  |
| OTHER |  |  |  |  |  |

**EXPERIENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name & Address of Company** | **From** | **To** | **List Your Duties** | **Starting Salary** | **Final Salary** | **Reason for Leaving** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**BUSINESS REFERENCES**

|  |  |  |
| --- | --- | --- |
| **NAME & TELEPHONE** | **ADDRESS** | **OCCUPATION** |
|  |  |  |
|  |  |  |
|  |  |  |

**PERSONAL REFERENCES**

|  |  |  |
| --- | --- | --- |
| **NAME & TELEPHONE** | **ADDRESS** | **RELATIONSHIP** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**CERTIFICATIONS**

Authorization and Release of Information

As an applicant for a position in public safety and law enforcement in the State of South Dakota and in Hand County, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature, to include internal investigation files.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

I understand that a background investigation will be conducted to verify the authenticity and completeness of the information furnished by me.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentations or falsification or if any material information has been omitted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant (In presence of a Notary)

STATE OF SOUTH DAKOTA       )

                                                          )

COUNTY OF HAND                       )

            On this the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_ , 2018, before me, the undersigned officer, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that [s]he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

(SEAL)

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_