Instructions: Complete all sections of this document. If a segment does not apply to you, place an “NA” in the space. If you decline to answer, place “RA” in the space. You can enter data into this MS-Word document or you can print the document and print (legibility is graded) your information into the spaces provided.

**APPLICANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name: |  | Maiden or former name: |  |
| First name: |  | Aliases: |  |
| Middle name: |  | Suffix: (Jr. Sr. III) |  |
| Street Address: |  | City Name: |  |
| P.O. Box: |  | Apartment / Unit: |  | State: |  | Zip Code: |  |
| Primary telephone number: |  | Alternate telephone number: |  |

**ADDRESS HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Street Address | Community & State | Month/Year of Residency |
| Next previous address: |  |  |  |
| Next previous address: |  |  |  |
| Next previous address: |  |  |  |

**EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of Business | Supervisor | Job title |
| Current Employer: |  |  |  |
| Next previous employer: |  |  |  |
| Next previous employer: |  |  |  |
| Next previous employer: |  |  |  |

**EMPLOYMENT REFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of Contact | Contact’s Position | Contact’s Phone Number |
| Current Employer: |  |  |  |
| Next previous employer: |  |  |  |
| Next previous employer: |  |  |  |
| Next previous employer: |  |  |  |

**BACK GROUND DATA PART 1**

|  |  |  |  |
| --- | --- | --- | --- |
| CRIMINAL / TRAFFIC | Offense Charged / Ticketed | County and State | Disposition |
| Last offense charged with: |  |  |  |
| Next previous charge: |  |  |  |
| Next previous charge: |  |  |  |
| Next previous charge: |  |  |  |
| Worst offense charged: |  |  |  |
| Pending charges if any: |  |  |  |

**BACK GROUND DATA PART 2**

|  |  |  |  |
| --- | --- | --- | --- |
| CIVIL ACTIONS  | Type of Action | County and State | Disposition |
| Last suit or action: |  |  |  |
| Next previous action: |  |  |  |
| Next previous action: |  |  |  |
| Next previous action: |  |  |  |
| Worst action ever: |  |  |  |
| Pending charges if any: |  |  |  |

Are you currently subject to any debt collection efforts: [ ]  Yes [ ]  No [ ]  Unsure?

Are you or have you ever been subject to a protection order: [ ]  Yes [ ]  No [ ]  Unsure?

Are you or have you recently been on supervised: [ ]  Probation [ ]  Parole [ ]  None?

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**BACK GROUND DATA PART 2**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of School | City and State | Years of Attendance |
| Elementary School: |  |  |  |
| Junior or Middle School: |  |  |  |
| Senior High School: |  |  |  |
| Vocational School: |  |  |  |
| Undergraduate School: |  |  |  |
| Other academic facility: |  |  |  |

Do you have a diploma or general educational/equivalency degree? [ ]  Yes [ ]  No

If you have a diploma or G.E.D., can you provide a copy of it upon request? [ ]  Yes [ ]  No

If you attended any post-secondary educations, did you get a diploma? [ ]  Yes [ ]  No

If you have post-secondary degree, can you provide a copy of it upon request? [ ]  Yes [ ]  No

If you have other certificates related to employment, can you provide a copy? [ ]  Yes [ ]  No

**SKILLS AND QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Description | City and State | Year obtained and expires |
| Example: | Commercial Driver License | Huron, South Dakota | 1987 and 2022 |
| Example: | Certified Welder | Sioux Falls, South Dakota | 2015. Doesn’t expire. |
| Example: | Emergency Medical Tech | Pierre, South Dakota | 2001, expired in 2019 |
| Skill or Qualification: |  |  |  |
| Skill or Qualification: |  |  |  |
| Skill or Qualification: |  |  |  |
| Skill or Qualification: |  |  |  |
| Skill or Qualification: |  |  |  |

**NON-FAMILY OR NON-EMPLOYER REFERENCES**

**(Include people who can describe your roll in society, as a person, neighbor or community member)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Reference | Relationship | City and State | Years | Telephone Number |
| Example: Steve Ball | Pastor | Antigua, California | 1988 to 1999 |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**GENERAL QUESTIONS & STATEMENTS**

In this box please state, in your own words, what attracted you to applying for this position.

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In this box please state, in your own words, what do you, based on your training and experience, bring to this position, that others may not offer.

In this box please state, in your own words, what the county commissioners should know about you, your work ethics, your work history, your personal beliefs and career objectives.

**CERTIFICATIONS**

**I certify that the information contained in this application is true and complete. I understand that false information may be grounds for disqualification during the application process and termination after hire, if hired. I authorize the verification of any and all information listed above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

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With this application, please provide the following items:

[ ]  Photocopy of your valid driver’s license.

[ ]  Photocopies of any diplomas, certificates or degrees earned.

[ ]  Proof of financial responsibility for the operation of motor vehicles.

Please return this application to the Hand County Auditor’s Office by 4 p.m. on January 28, 2021. If an insufficient number of applications is received, the application period may be extended. Presently, the month of February will be used for background / reference checks.

The likely candidates / finalists will called for an interview after the applicants are reviewed during the February 2, 2021 commission meeting.