

HAND COUNTY BOARD OF COMMISSIONERS

415 West 1st Avenue, Mail slot 7 & Suite 203

MILLER, SOUTH DAKOTA 57362-1346

PART-TIME / SEASONAL JOB APPLICATION

All hourly employees are subject to the Hand County Employee Handbook.

PERSONAL INFORMATION			
FIRST NAME:		DATE OF BIRTH:	
MIDDLE NAME:		HOME NUMBER:	
LAST NAME:		CELL NUMBER:	
STREET ADDRESS:		CITY:	
STATE:		ZIP CODE:	

EDUCATION			
	DATES ATTENDED	MAJOR / COURSE	CITY & STATE
HIGH SCHOOL / GED:			
POST SECONDARY:			
CERTIFICATIONS:			

SKILLS OR QUALIFICATIONS			
DESCRIPTION	DATES ATTAINED	EXPIRATION	CITY & STATE

EMPLOYMENT HISTORY			
	BUSINESS / EMPLOYER NAME	POSITION TITLE	DATES
CURRENT			
PREVIOUS			
PREVIOUS			
PREVIOUS			

You will likely be asked to provide the name of your supervisor, an address, and or telephone number.

If there is a reason why you believe your previous employers will offer negative feedback, please provide that information here:

--

RESIDENCY HISTORY			
	STREET ADDRESS	CITY & STATE	DATES
CURRENT			
PREVIOUS			
PREVIOUS			
PREVIOUS			

GENERAL BACKGROUND QUESTIONS		ANSWER
1	Have you ever been convicted of a felony or misdemeanor crime of violence?	
2	Have you ever had your driver's license suspended or revoked?	
3	Have you ever been placed on the sex offender registry of any state?	
4	Have you ever been terminated from employment for theft?	
5	How much weight could you lift from the floor without assistance or use of tools?	
6	Are you able to work around heavy equipment, hand tools, petroleum products or chemicals?	
7	Are you able to stand or walk for long periods of time without need of rest?	
8	Are you able to work in temperatures from sub-zero to above 90 degrees?	
9	Do you have reliable transportation back and forth to the work place?	

A felony or serious misdemeanor does not preclude you from employment in Hand County.

If you have answered yes to any of the questions above, please provide a short narrative why you said yes.

--

EDUCATION			
	DATES ATTENDED	COURSE	CITY & STATE
HIGH SCHOOL / GED:			
POST SECONDARY:			
CERTIFICATIONS:			

SKILLS OR QUALIFICATIONS			
DESCRIPTION	DATES ATTAINED	EXPIRATION	CITY & STATE

WORK RELATED REFERENCES			
NAME	RELATIONSHIP	LENGTH OF ASSOCIATION	VALID TELEPHONE NUMBER

You will likely be asked to provide a valid address for your references.

ITEMS TO INCLUDE WITH YOUR APPLICATIONS

<input type="checkbox"/>	A photocopy of your valid driver's license.
<input type="checkbox"/>	A photocopy of your current proof of vehicle insurance.
<input type="checkbox"/>	Any diplomas or certificates for educational or technical achievements.

I acknowledge that I have been informed that it is the general policy of HAND COUNTY to disclose in response to a prospective employer's written request only the following information about current or former employees: (1) the dates of employment; (2) job title/classification, and (3) salary information.

By signing this release, I am voluntarily requesting that HAND COUNTY depart from this general policy in responding to reference requests from any prospective employer that may be considering me for employment. I authorize the HAND COUNTY to disclose to such prospective employers any job performance information, including my reason(s) for leaving.

In exchange for HAND COUNTY's agreement to depart from its general policy and to disclose additional employment-related information pursuant to my request, I agree to release and discharge HAND COUNTY employees, officers, and directors for all claims, liabilities, and causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to HAND COUNTY's disclosure of employment-related information to prospective employers. This release includes, but is not limited to claims of defamation, libel, slander, negligence, or interference with contract or profession.

I acknowledge that I have carefully read and fully understand the provision of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This release sets forth the entire agreement between HAND COUNTY and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document.

A photocopy or fax of this authorization shall be as valid as the original. This authorization expires 60 days from the date of my signature.

Signature of Applicant

Date of Signature

STAFF ONLY

I, _____, an authorized employee of Hand County, do acknowledge receipt of this application and verify the application contains the required information and the application is complete and ready for review. Dated: _____