

**CITY OF ABERDEEN**  
**APPLICATION**  
**FOR EMPLOYMENT**  
*An Equal Opportunity Employer*

**Parks, Recreation & Forestry**  
**Department**  
 225 SE 3<sup>rd</sup> Avenue  
 Aberdeen, SD 57401-4245  
 Phone (605) 626-7015  
 Fax (605) 626-7989

<i>FOR EMPLOYER'S USE ONLY:</i>	
Start Date _____	_____
Position _____	_____
Rate of Pay _____	_____

1. Exact title of position applied for: _____	2. Other positions you would consider: _____
---	--

3. Name \_\_\_\_\_  
Last First Middle

4. Mailing Address \_\_\_\_\_  
Street/Box City State Zip

5. Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

6. Telephone \_\_\_\_\_  
Home Cell Work

7. Name and phone number of person who will know where you may be contacted.

Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_

8. Have you ever attended school or been employed under any other name than used in #3?

Yes  No Name \_\_\_\_\_

9. Do you have the legal right to live and work in the United States?  Yes  No  
 If you are a resident alien, have you submitted a declaration of intent (Form N-314)?  Yes  No

10. Check each type of employment you will accept.  Seasonal: Duration of Season  Temporary: Six months or less  
 Full-time  Part-time If part-time, what days and hours are you available? \_\_\_\_\_

11. When could you begin employment?  Now  Beginning on \_\_\_\_\_  
Month Day Year  
 After \_\_\_\_\_ working days notice to present employer

12. Have you ever filed an application for employment with the City of Aberdeen?  Yes  No

Have you ever been employed by the City of Aberdeen?  Yes  No

Are you under age 18?  Yes  No

13. List names, addresses and phone numbers of three personal references.

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

14. May we contact your current, most recent or past employer regarding your qualifications?  Yes  No

If no, explain \_\_\_\_\_

The information provided on the following pages will be used to determine your qualifications for this position. Be as thorough as possible in describing your education and work experience. Vague or incomplete answers will not be interpreted in your favor. If you need more space, attach additional sheets. **NOTE: Resumes will not be accepted in lieu of completion of any part of this application.**

### Education and Training

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

6   7   8   9   10   11   12   13   14   15   16   17   18 plus.

Did you graduate from high school?    Yes    No                      Complete GED?    Yes    No

16. List formal education beginning with the most recent. Include college, high school, vocational or business school, apprenticeship, military training, etc.

Name and address of school \_\_\_\_\_

Attended from (mo/yr) \_\_\_\_\_ to \_\_\_\_\_ Total credit hours \_\_\_\_\_ Type of degree \_\_\_\_\_

Major(s) or course \_\_\_\_\_ Minor(s) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Type of Degree \_\_\_\_\_

Name and address of school \_\_\_\_\_

Attended from (mo/yr) \_\_\_\_\_ to \_\_\_\_\_ Total credit hours \_\_\_\_\_ Type of degree \_\_\_\_\_

Major(s) or course \_\_\_\_\_ Minor(s) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Type of Degree \_\_\_\_\_

Name and address of school \_\_\_\_\_

Attended from (mo/yr) \_\_\_\_\_ to \_\_\_\_\_ Total credit hours \_\_\_\_\_ Type of degree \_\_\_\_\_

Major(s) or course \_\_\_\_\_ Minor(s) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Type of Degree \_\_\_\_\_

17. Use this space to identify any other educational experiences you have had which are pertinent to this position. Include workshops, seminars, military or vocational training, etc. which are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Have you ever been discharged or asked to resign from employment?                       Yes    No

Have you ever been convicted of a crime other than minor traffic violations?    Yes    No

IF YOU ANSWERED "YES" TO EITHER OF THE ABOVE QUESTIONS, PLEASE GIVE PARTICULARS ON A SEPARATE SHEET. A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT OR CONSIDERATION.

19. Do you possess a valid Drivers License?    Yes    No                      Do you use a computer?    Yes    No

Do you have a valid Commercial Drivers License?    Yes    No   List any office machines you can operate:

Drivers License No. \_\_\_\_\_

State \_\_\_\_\_ Expiration Date \_\_\_\_\_

List any motorized equipment you can operate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Work History

20. Begin with your current or most recent position and work backwards. List each promotion as a separate job. Include paid and verifiable non-paid experience including military service. Be as accurate and complete as possible, especially in describing the duties of each position. **If you need more space, attach additional sheets using the same format.**

### A. Current or most recent position

Dates of Employment: From (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Total Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Last \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Name Title

Number of employees you supervised \_\_\_\_\_ Average hours worked per week 1-10 11-20 21-30

Reason for leaving \_\_\_\_\_

Description of duties \_\_\_\_\_

\_\_\_\_\_

### B. Next previous position

Dates of Employment: From (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Total Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Last \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Name Title

Number of employees you supervised \_\_\_\_\_ Average hours worked per week 1-10 11-20 21-30

Reason for leaving \_\_\_\_\_

Description of duties \_\_\_\_\_

\_\_\_\_\_

### C. Next previous position

Dates of Employment: From (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Total Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Last \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Name Title

Number of employees you supervised \_\_\_\_\_ Average hours worked per week 1-10 11-20 21-30

Reason for leaving \_\_\_\_\_

Description of duties \_\_\_\_\_

\_\_\_\_\_

D. Next previous position

Dates of Employment: From (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Total Years \_\_\_\_\_ Months \_\_\_\_\_

Job Title \_\_\_\_\_ Salary: Starting \_\_\_\_\_ Last \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Name Title

Number of employees you supervised \_\_\_\_\_ Average hours worked per week  1-10  11-20  21-30

Reason for leaving \_\_\_\_\_

Description of duties \_\_\_\_\_

\_\_\_\_\_

21. Please list any experience or training related to the position(s) you are applying for \_\_\_\_\_

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

**DRUG-FREE WORKPLACE ACT COMPLIANCE:** The City of Aberdeen complies with the Drug-Free Workplace Act. As a condition of your employment, you may be asked to participate in drug screening. If you refuse such screening or test positive (evidence of drug usage), you will not be offered employment or such offer will be withdrawn.

**AMERICANS WITH DISABILITIES ACT COMPLIANCE:** The City of Aberdeen fully subscribes to the provisions of the Americans With Disabilities Act and will attempt in its employment process to make any reasonable accommodations necessary to assist qualified persons with disabilities.

I hereby certify that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations. I am aware that all statements on this application are subject to investigation and verification. I understand that any withholding of information, misrepresentation or falsification of statements on this application or on City medical forms could result in rejection for employment, or if employed, termination from the City at any time.

I authorize and release from liability all employers, persons, schools, law enforcement agencies and other organizations named in this application to provide information requested by the City of Aberdeen in its processing of this application.

I also understand that nothing in this application or in the granting of an interview is intended to create an employment contract. I have received no promise regarding employment and I understand that no such promise or guarantee is binding on the City of Aberdeen. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Aberdeen has a similar right.

**YOU MUST SIGN THIS APPLICATION**

Sign here ink \_\_\_\_\_ Date \_\_\_\_\_

Unsigned applications may be disqualified.