

CITY OF ABERDEEN
APPLICATION
FOR EMPLOYMENT
An Equal Opportunity Employer

Parks, Recreation & Forestry
Department

225 SE 3rd Avenue
Aberdeen, SD 57401-4245
Phone (605) 626-7015
Fax (605) 626-7989

FOR EMPLOYER'S USE ONLY:

Start Date _____

Position _____

Rate of Pay _____

Exact title of position applied for:	Other positions you would consider:
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NOTE: Resumes will not be accepted in lieu of completion of any part of this application.

Name: _____
Last First MI

Mailing Address: _____
Street/Box City State Zip

Email Address: _____

Phone Numbers: _____

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

Have you ever attended school or been employed under any other name than used above?

Yes No Name _____

Do you claim veteran's preference? Yes No If yes, attach a copy of DD214 (separation papers)

Are you legally eligible for employment in the United States? Yes No
*Proof will be required upon hire.

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? _____

How did you hear about this position? _____

When could you begin employment? Date: _____ After _____ Working days' notice to present employer.

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

Are you under age 18? Yes No If yes, will you be 18 by May 1st Yes No

Are you under age 16? Yes No If yes, will you be 16 by May 1st Yes No

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

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

Education and Training

Do you possess a high school diploma or a GED? Yes No

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 _____

Major(s) or course _____ Minor(s) _____

Did you graduate? _____ Type of degree _____

Name and address of school _____

Major(s) or course _____ Minor(s) _____

Did you graduate? _____ Type of degree _____

Name and address of school _____

Major(s) or course _____ Minor(s) _____

Did you graduate? _____ Type of degree _____

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.)

List below any violations for which you were convicted in a court of law. Convictions will not necessarily disqualify you from employment with the City of Aberdeen. The decision will be based on a number of factors such as duties of the job for which you are being considered, the seriousness of the offense of which you were convicted, your age at the time of the offense, rehabilitation efforts, the recency of the offense etc. Please be complete. All information is subject to verification.

Offense	Location	Date	Disposition (Sentence)

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: _____

Driver's License No. _____ State _____ Expiration Date _____

List any motorized equipment you can operate: _____

Work History

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.**

Current or most recent position

Dates of Employment: From _____ to _____ Total Years/Months _____

Job Title _____ Starting Salary _____ Ending _____

Employer _____ Phone _____

Employer's Address _____ City/State/Zip _____

Supervisor _____ Phone _____

Number of employees you supervised _____ Name _____ Title _____
Average hours worked per week _____

Reason for leaving _____

Complete Description of duties _____

May we contact this employer? Yes No

Next previous position:

Dates of Employment: From _____ to _____ Total Years/Months _____

Job Title _____ Starting Salary _____ Ending _____

Employer _____ Phone _____

Employer's Address _____ City/State/Zip _____

Supervisor _____ Phone _____

Number of employees you supervised _____ Name _____ Title _____
Average hours worked per week _____

Reason for leaving _____

Complete Description of duties _____

May we contact this employer? Yes No

Next previous position:

Dates of Employment: From _____ to _____ Total Years/Months _____

Job Title _____ Starting Salary _____ Ending _____

Employer _____ Phone _____

Employer's Address _____ City/State/Zip _____

Supervisor _____ Phone _____

Number of employees you supervised _____ Name _____ Title _____
Average hours worked per week _____

Reason for leaving _____

Complete Description of duties _____

May we contact this employer? Yes No

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. UNSIGNED APPLICATIONS MAY BE DISQUALIFIED.

Sign here in ink _____ Date _____