

Application for Employment

**Brown County
25 Market Street
Aberdeen SD 57401**

An Equal Opportunity Employer

Note: All requested information is needed to help us evaluate your interest and qualifications for employment or to enable us to contact you. No other use will be made of the information without your permission.

Position applying for: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street/Box) (City) (State) (Zip)

Social Security Number: _____

Telephone: _____
(Home) (Office)

Are you under age 18? _____ Yes _____ No

Are you legally eligible to be employed in the United States? _____ Yes _____ No

Do you have or can you get a State of SD Driver's License? _____ Yes _____ No

Do you have a valid Commercial Driver's License (if applicable) _____ Yes _____ No

Employment for which you are available: _____ Full-time _____ Part-time

When could you begin employment: ____ Now ____ Beginning on _____
____ After ____ waiting days notice to current employer

May we contact your current or most recent employer regarding your qualifications?
____ Yes ____ No

Are you a Veteran? _____ Yes _____ No

Education and Training

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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus

Please list name of school and degrees completed. Please indicate diploma, GED or BS/BA.

	Location	Graduated or credit hours	Major(s)
High School	_____	_____	
College/University	_____	_____	_____
Graduate School	_____	_____	_____
Business or Vocation School	_____	_____	_____

Internships: _____

Additional Training (workshops, seminars, apprenticeships, military or other training).
Include approximate hours or days of training.

List any relevant licenses or certificates: _____

Employment

Current or most recent position: _____

Dates of Employment: From _____ to _____
(mo/yr) (mo/yr)

Job Title: _____

Salary: Starting _____ Final _____

Employer _____ Type of Business _____

Employers address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reason for leaving: _____

Complete description of duties: _____

Next previous position: _____

Dates of Employment: From _____ to _____
(mo/yr) (mo/yr)

Job Title: _____

Salary: Starting _____ Final _____

Employer _____ Type of Business _____

Employers address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reason for leaving: _____

Complete description of duties: _____

Next previous position: _____

Dates of Employment: From _____ to _____
(mo/yr) (mo/yr)

Job Title: _____

Salary: Starting _____ Final _____

Employer _____ Type of Business _____

Employers address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reason for leaving: _____

Complete description of duties: _____

Additional space. Use this block to complete information given elsewhere on this form. If you still need more space, attach additional sheet. You may also use this space to summarize other pertinent education or experience, which qualifies you for the position for which you are applying. _____

Pre-Employment Agreement

I understand and agree that:

1. If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated.
2. The County has my authorization to thoroughly investigate my work, medical and personal history that is job-related. I will hold no person, corporation or organization liable for giving or receiving information in this investigation.
3. In consideration of my employment, I agree to conform to the rules and regulations of the County and I understand that no representative of the County has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.
4. Any doctor, hospital or testing laboratory may conduct medical tests and I hereby give my consent to having all information released necessary for the County to determine my abilities to perform job duties now or in the future.
5. Passing the pre-employment physical examination including a drug and alcohol-screening test may be a prerequisite for qualifying for employment. If a job offer is made, I understand it is conditioned on this requirement. Failure to provide accurate medical information will be considered grounds for dismissal.
6. The County is an equal opportunity employer. The County does not discriminate and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.
7. If employed, I understand that my employment is for no definite period of time, and if terminated the County is liable only for wages and salary and benefits earned as of the date of termination.
8. I understand that an appointment shall not be deemed complete until a probation period of six months has elapsed as a new employee or a thirty working day probation period for a promotion transfer.
9. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.
10. This application is current and active for only the position applied for and it will be necessary for me to fill out a new application for other positions that may be available.

Signature of Applicant

Date