

OFFICES OF THE BROWN COUNTY SHERIFF BROWN COUNTY JAIL BROWN COUNTY DETENTION CENTER

22 Court St. Ste. 1
Aberdeen, South Dakota 57401
(605) 626-7100

Date Received _____

Date _____ 20__

APPLICATION FOR EMPLOYMENT

NOTICE: APPLICANT SHOULD READ THE FOLLOWING INFORMATION CAREFULLY BEFORE FILLING OUT ANY OF THE QUESTIONS IN THIS FORM. WE DO NOT DISCRIMINATE IN HIRING OR EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, STATUS WITH REGARD TO PUBLIC ASSISTANCE OR DISABILITY. NO QUESTION ON THIS APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

(PLEASE PRINT PLAINLY)

Last Name	First	Middle	Date
			Home Phone
			Bus Phone
Address-Including Box # Street # Name			SS#
			Date of Birth
City/State/Zip			Place of Birth
Position Desired			
Are you 21 years of age?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?			<input type="checkbox"/> Yes <input type="checkbox"/> No
			If Yes, give date _____
Have you ever been employed with us before?			<input type="checkbox"/> Yes <input type="checkbox"/> No
			If Yes, give date _____
Are you currently employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Proof of citizenship or immigration status will be required upon employment.</i>			
On what date would you be available for work? _____			
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
Are you currently on "lay-off" status and subject to recall?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony			<input type="checkbox"/> Yes <input type="checkbox"/> No
Best contact time and phone number _____			
<p><i>All Applications Are Subject To Openings Available</i></p> <p>We Are An Equal Opportunity Employer</p>			

Type of School	Name and Address of School	Dates Attended	Last Year Completed				Did you Graduate?	Major Course of Study and Degree Granted
			1	2	3	4		
High School							<input type="checkbox"/> Yes <input type="checkbox"/> No	
GED Date								
College							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Law Enforcement & Other Specify							<input type="checkbox"/> Yes <input type="checkbox"/> No	

Present or last employer _____ Phone No. _____
 Address _____ Supervisor _____
 Dates: From _____ To _____
 (month and year) (month and year)
 Position _____
 Reason for Leaving _____

Present or last employer _____ Phone No. _____
 Address _____ Supervisor _____
 Dates: From _____ To _____
 (month and year) (month and year)
 Position _____
 Reason for Leaving _____

Present or last employer _____ Phone No. _____
 Address _____ Supervisor _____
 Dates: From _____ To _____
 (month and year) (month and year)
 Position _____
 Reason for Leaving _____

REFERENCES

Name	Address	Telephone	How long known

* Do not list former employers or relatives

Please describe the skills and aptitudes that you feel qualify you for a position with us. (You may wish to include activities and positions held in civic, community and school organizations, professional societies, special training and skills.)

BE SURE TO READ THIS STATEMENT BEFORE SIGNING

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.

1. I am aware that all statements submitted on this application are subject to investigation and verification.
2. I authorize the persons, schools, law enforcement agencies and other organizations or employers named in this application to provide information requested by the County of Brown in its processing of the application.
3. I agree to provide, upon request of the County, written releases and waivers of confidentiality.
4. I understand that any withholding of information or misrepresentation on this application or on County medical forms could result in rejection for employment, or if employed, termination from the County.

SIGN HERE
IN INK _____

Date _____

APPLICANT — Do not write beyond this point

INTERVIEWERS COMMENTS:

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remarks _____ _____			
		INTERVIEWER	DATE
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment _____		
Job Title _____	Hourly Rate/Salary _____	Department _____	
By _____	NAME AND TITLE		DATE

NOTES
