Stanley County Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

	(Please Print)			
Position(s) Applied For	· · · · · · · · · · · · · · · · · · ·	Date	of Application	ı
How Did You Lean About Us?				
C7 A 1	- D 1 11			
☐ Advertisement	□ Relative			
□ Employment Agency	□ Friend	□ Other		
Last Name	First Name	Middle Name		
Address Number Street	City	State		Zip Code
Telephone Number (s)				
Destriction				AM
Best time to contact you at home is	••••••		:	PM
If you are under 18 years of age, can you provi	de required proof of your eligibility to wo	rk?	□ Yes	□ No
, , , , , , , , , , , , , , , , , , ,	required pools of your originally to the			_1.0
Have you ever filed an application with Stanley	y County before?		□ Yes	□ No
If Voc. give data				
If Yes, give date:				
Have you ever been employed with Stanley Co	ounty before?		□ Yes	□ No
	•			
If Yes, give date:	<u></u>			
Do any of your friends or relatives work here?			□ Yes	□ No
boany of your friends of felatives work here:		•••••	Lites	
Please give name of relatives.				
Are you currently employed?	•••••		□ Yes	□ No
May we contact your present employer?			□ Yes	□ No
process on process on project them.		******************	L 103	L 140
Are you prevented from lawfully becoming en		Immigration Status	? □Yes	□ No
Proof of citizenship or immigration stat	tus will be required upon employment			
Date available for work//	What is your desired salary range?			
Zate distance for field	what is your desired satury range:	***************************************		
Are you available to work: ☐ Full Time (please indicate 1 2 3 Shift)			
☐ Part Time (please indicate Mornings A	Afternoon E	Evenings)	
☐ Temporary/Sea	asonal (please indicate dates available	1 1	_ /	/)
Are you currently on "lay-off" status and subj	ect to recall?		🗆 Ye	s 🗆 No
Can you travel if a job requires it?	•••••	• • • • • • • • • • • • • • • • • • • •	□ Ye	es 🗆 No

EDUCATION

	Name and Address Of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School		1) Monthle		
Undergraduate College				
Graduate Professional				
Other (Specify)				
Describe any special	ized training, apprentice	ship, skills and extra-c	curricular activities:	
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Describe any job-rel	ated training received in	the United States mil	itary:	
				William W. C. Corpulation

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1 Proplement	DATES	EMPLOYED	Work Performed
1. Employer	From	To	WOLK FEITOINED
•			
Address			
Telephone Number (s)	Hourly/Rate	/ Salary	
Job Title Supervisor	Starting	Final	
	<u> </u>		
Reason for Leaving:			May we contact employer? YES NO
2. Employer	DATES	EMPLOYED	Work Performed
	From	То	
Address	_		
Telephone Number (s)			
	Hourly Rate Starting	/ Salary Final	
Job Title Supervisor	January	1 mai	
Reason for Leaving:			7,000
3. Employer	<u>DATES</u> From	EMPLOYED To	Work Performed
Address			
rauui css			
Telephone Number (s)	Hourly Rate	/Salary	
Job Title Supervisor	Starting	Final	
Reason for Leaving:	\dashv	-	
4. Employer	DATES	EMPLOYED	Work Performed
a. Disployer	From	То	
Address			
Telephone Number (s)	Hourly Rate	/Salary Final	
Job Title Supervisor	Starting	rinai	
Reason for Leaving:	_		

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

other Quamican experience.	ons: Summarize special Job-re	cialed skills and qualification	ns acquired from employment or other
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PECIALIZED SKI	LLS (Check Skills / Equipment	Operated)	
Terminal	Spreadsheet	Production/Mobile	Other (list)
****		Machinery (list)	Calci (list)
PC/MAC	Word Processing		
Typewriter	Shorthand		
WPM	WPM		
W1 W1	WINI	——————————————————————————————————————	
			100000000000000000000000000000000000000
	THE STATE OF THE S		
Note to Applicar ABOUT THE R	nts: DO NOT ANSWER T EQUIREMENTS OF THI	THIS QUESTION UNLE E JOB FOR WHICH YO	SS YOU HAVE BEEN INFORMED OU ARE APPLYING.
activities involve	of performing in a reasonab d in the job or occupation fo upation has been given.	or which you have applied	t a reasonable accommodation, the? A review of the activities involved in YES NO

1. () (Name) (City) (State) (Zip Code EMAIL: 2. () (Name) (City) (State) (Zip Code EMAIL: 3. () (Name) (City) (State) (Zip Code EMAIL: 3. () (Name) (City) (State) (Zip Code EMAIL: 3. () (Name) (Phonel* (Address) (City) (State) (Zip Code EMAIL: APPLICANT'S STATEMENT If certify that answers given herein are true and complete. If authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or mapplications are being accepted at that time. If hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood the this "at will" employment relationship may not be changed by any written document or by conduct unless suchange is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the employer.		SMATS STATE TO DO A SMATS AND STATE		Almostado 2.2 · 2.2		
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Signature of Applicant Date	nterview(s) may result in					
	Signature of	Applicant		Date		

STANLEY COUNTY AUDITOR PO BOX 595 FORT PIERRE, SD 57532