APPLICATION FOR EMPLOYMENT

FIRST DISTRICT ASSOCIATION OF LOCAL GOVERNMENTS 418 18th AVE NE ■ PO BOX 1207 ■ WATERTOWN SD 57201-6207 (605) 882-5115

www.1stdistrict.org

(PLEASE PRINT)

Last Name	First Name	N	Iiddle Name	Social Security Number	
Address	City	State	Zip Code	Phone Number	
Position Applied I	For:				
				ssignments. If you include volunted and origin, disability, or other	
			11	Dl N	
Employer		A	Address	Phone Number	
Dates of Employ	ment	J _c	ob Title		
Starting Hourly/	Salary:				
Current/Final Ho	ourly/Salary:				
Supervisor:					
Duties or Respon	nsibilities:				
Reason for Leav	ing:				
2.					
Employer			Address	Phone Number	
Dates of Employ	ment	<u></u>	ob Title		
Starting Hourly/	Salary:				
Current/Final Ho	ourly/Salary:				

	Employer			Addre	ess			Phone Number
	Dates of Employment			Job T	itle			
	Starting Hourly/Salary:							
	Current/Final Hourly/Salary: _							
	Supervisor:							
	Duties or Responsibilities:							
	Reason for Leaving:							
4								
	Employer			Addre	ess			Phone Number
	Dates of Employment			Job T	itle			
	Starting Hourly/Salary:							
	Current/Final Hourly/Salary: _							
	Supervisor:							
	Duties or Responsibilities:							
	Reason for Leaving:							
	IF YOU NEED AD.							
Ec	lucation: Years Completed:	12	14	16	18	19	20+	
	School	Locat	ion		Diplo	ma/Degr	ree	Studies
Hi	igh School							
Tr	rade/Professional School							
Co	ollege/University							
 G1	raduate School							

Special Job-Related Skills and Qualifications from Employment or Other Experience:					
-					
Personal:					
Yes	No	Do you have a relative or friend employed with us?			
		If yes, who?			
Yes	No	May we contact your present employer?			
Yes	No	Do you hold any elected office?			
		If yes, what?			
Yes	No	Have you ever been convicted of a crime (other than a traffic violation)? Conviction will not necessarily disqualify you from employment.			
		If yes, please explain			
Yes	No	Do you have an appropriate drivers license?			
Yes	No	Have you ever been ticketed for a moving traffic violation?			
		If yes, please explain			
Availability:					
]	Full-Time _	Part-TimeShift WorkTemporary			
Yes	No	Are you available for travel?			
Yes	No	Are you available for work that requires overnight stays?			

References Other than Previous Employers or Relatives:

Signature of Applicant

Providing this information means that you give this organization permission to contact the references listed.

1.		
Name	Address	Phone Number
2		
Name	Address	Phone Number
3		
Name	Address	Phone Number
4		
Name	Address	Phone Number
1	NOTE: PLEASE ATTACH A CURRENT	RESUME
	First District Association of Local Governme Is An Equal Opportunity Employer	ents
	APPLICANT'S ACKNOWLEDGME	ENT
will be required to re document nor any of	Il be considered active for no more than 45 desubmit a completed application. The application of employment from this employer construment is executed in writing by the employer	nt understands that neither this titutes an employment contract
knowledge. I authori	ers given in this application are true and ze investigation into all statements I have m hing an employment decision.	-
provided in my appunderstand also that	aployed, I understand that any false or mislemolication or interview(s) may result in district if employed, I am required to abide by all ecial agreements reached between the employed	scharge and/or legal action.

Date