

Corson County Sheriff's Office Application for Employment

PERSONAL INFORMATION

Name (Last, First Middle):	
Physical Address:	
Mailing Address:	
Phone #:	Email:
Position(s) Desired:	
Can you perform the essential functions of the position for which you are applying with or without reasonable accommodations? <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)	
If hired, when would you be able to begin working?	
Are you legally eligible to be employed in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(Proof of identity and eligibility will be required upon employment)</small>	
Are you over the age of 21 years (or will be by the start of your employment)? YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(If no, you may be required to provide authorization to work.)</small>	
Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain: <small>(A conviction will not necessarily result in the denial of employment.)</small>	
Have you ever worked for Corson County before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list dates of employment and job title:	
Do you have any relatives or friends who work for Corson County? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, who?	
Are you available to work: DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> FULL TIME <input type="checkbox"/> If you cannot work full-time or if there are days/hours which you are unavailable, please explain:	
Are you presently employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, may we contact your employer? YES <input type="checkbox"/> NO <input type="checkbox"/> If presently employed, why are you considering leaving?	
Do you belong to any professional, trade, business, or civic organizations that deal with the position for which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain and list offices held: <small>(Omit any organization that reflects your race, color, religion, age, sex, sexual orientation, marital status, or disabilities.)</small>	

Account for any full month since leaving school (high school or college) that you were not working:			
From	To	Reason	
Mo./Yr.			
Mo./Yr.			
Mo./Yr.			

EDUCATION

	Name & Location of School	Course of Study	# of Years Completed	Diploma or Degree Received
High School				
College				
Vocational/ Trade School				
Graduate/ Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES [] NO [] If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EMPLOYMENT

(List all employment in the last 10 years, starting with your current/most recent employment)

Employer:		Phone #:	
Address:			
Supervisor's Name & Title:			
Dates Employed		Salary/Pay	
Start:	End:	Start:	End:
Work Performed:			
Reason For Leaving:			

Employer:		Phone #:	
Address:			
Supervisor's Name & Title:			
Dates Employed		Salary/Pay	
Start:	End:	Start:	End:
Work Performed:			
Reason For Leaving:			
Employer:		Phone #:	
Address:			
Supervisor's Name & Title:			
Dates Employed		Salary/Pay	
Start:	End:	Start:	End:
Work Performed:			
Reason For Leaving:			
Employer:		Phone #:	
Address:			
Supervisor's Name & Title:			
Dates Employed		Salary/Pay	
Start:	End:	Start:	End:
Work Performed:			
Reason For Leaving:			

Use an additional sheet of paper if more space is necessary.

PERSONAL REFERENCES
(List three (3) references who are not relatives or employers)

Name:	Occupation:
Address:	
Phone #:	Email:
Name:	Occupation:
Address:	
Phone #:	Email:
Name:	Occupation:
Address:	
Phone #:	Email:

EXCEPT WHERE CLASSIFICATION IS A BONAFIDE OCCUPATIONAL QUALIFICATION, APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, DISABILITY, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, MARITAL STATUS, OR VETERAN STATUS.

PLEASE READ AND SIGN BELOW

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the county. I understand that if I am hired, my employment is "at-will" and for no definite time and may be terminated at any time without prior notice.

Signature: _____ Date: _____

Once complete, email this application to corsoncoso@sdplains.com and mail the original copy to:

*Corson County Sheriff's Office
 Attention: Sheriff Alan Dale
 PO Box 136
 McIntosh, SD 57641*

RESULTS

Employed: YES [] NO []	If yes, what position?
Starting Date of Employment:	Starting Wage/Salary:
Interviewed By:	
Date of Interview:	Date of Job Offer: