**APPLICATION FOR EMPLOYMENT**

**City of Wessington Springs**

**PO Box 443**

**Wessington Springs, SD 57382**

**605-539-1691**

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| Applicant Information |
| Last Name | First | M.I. |
| Street Address | Apartment/Unit # |
| City | State | ZIP |
| Phone: | Home  | Cell  | E-mail Address  |
| Position Applying For  |
| Are You:  | Authorized to work in the U.S.? □YES □NO  | Over the age of 18? □YES □NO  | Over the age of 21? □YES □NO  |
| Have you ever worked for this company? □YES □NO If so, when?  |

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| Previous Employment |
| Company  | Phone  |
| Address  | Supervisor  |
| Position Title  | From: To:  | Reason for Leaving:  |
| Skills Used |
| May we contact your previous supervisor for a reference? □YES □NO  |

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| --- | --- |
| Company  | Phone  |
| Address  | Supervisor  |
| Position Title  | From: To:  | Reason for Leaving:  |
| Skills Used |
| May we contact your previous supervisor for a reference? □YES □NO  |

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| --- | --- |
| Company  | Phone  |
| Address  | Supervisor  |
| Position Title  | From: To:  | Reason for Leaving:  |
| Skills Used |
| May we contact your previous supervisor for a reference? □YES □NO  |

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| Education |
| Do you possess a high school diploma or GED? □YES □NO  |
| School Name/Address/City/State |

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| Post-Secondary School Name |
| Address  |
| Did you graduate? □YES □NO  | Degree Earned  |
| List all relevant licenses, certifications or registrations you possess. Also identify other educational experience relevant to the position you are applying for. |

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| **ADDITIONAL SKILLS OR QUALIFICATIONS** |
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| Military Service |
| Branch  |  From: To:  |
| Did you serve on active duty? □YES □NO  | Type of Discharge  |

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| References |
| Please list threereferences. |
| Full Name | Relationship |
| Mailing Address | Phone | Email   |

|  |  |
| --- | --- |
| Full Name | Relationship |
| Mailing Address | Phone | Email   |

|  |  |
| --- | --- |
| Full Name | Relationship |
| Mailing Address | Phone | Email   |

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| Disclaimer and Signature |
| I certify that the information on this application and its supporting documents is accurate and complete. I understand, and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize the employer to investigate and verify all statements contained in this application and supporting materials. |
| **Signature** | **Date** |

**The City of Wessington Springs in an equal opportunity employer.**