**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 | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |

|  |  |
| --- | --- |
| 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 |

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| --- | --- | --- | --- |
| 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.**