



210 N. Dakota, Canton, SD 57013
Ph: (605) 987-2881 Fax: (605) 987-2972
Web: http://www.cantonsd.org

Application for Employment

Date: Position applied for:

Directions: Please answer each question fully and accurately. No action will be taken on this application until you have answered all questions and signed the back of the application in ink.

APPLICANT INFORMATION

Name Last First Middle Social Security Number

Address Street City State Zip

Telephone ( ) Date available for work:

Email Address:

List alias(es), nickname(s), or any other names you may have worked under:

- Are you legally eligible for employment in the United States? Yes No
Have you ever been employed by the City of Canton? Yes No
Are you related to any city employee or elected official? Yes No
Have you ever applied here before? Yes No
Are you age 16 or older? Yes No
Are you age 18 or older? Yes No
Do you have a High School Diploma or G.E.D. equivalent? Yes No
May we contact you at work? Yes No
Do you currently possess a valid driver's license? Yes No
Are you willing to work overtime if required? Yes No
Are you willing to work alternating shifts if required? Yes No
Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain:

Have you ever been arrested for a felony or misdemeanor? Yes No

If yes, please explain:

**SKILLS & QUALIFICATIONS**

Do you possess a current Commercial Driver's License (CDL)? Yes  No

List any certifications: \_\_\_\_\_

Describe your proficiency with computer hardware and software (list software): \_\_\_\_\_

**EDUCATION** (List schools attended, including high school, starting with the most recent)

School	Years Completed	Degree or Diploma	Major
1) _____			
2) _____			
3) _____			

**EMPLOYMENT HISTORY** (List present or most recent employers first, including military service assignments. If necessary, please attach an additional sheet to explain gaps in employment)

<b>1</b>	Employer	Phone	Position Title		
	Address		Responsibilities		
	From (Mo/Yr)	To (Mo/Yr)			
	Reason for Leaving				
	Supervisor		Were you required to have a CDL?	Yes	No
<b>2</b>	Employer	Phone	Position Title		
	Address		Responsibilities		
	From (Mo/Yr)	To (Mo/Yr)			
	Reason for Leaving				
	Supervisor		Were you required to have a CDL?	Yes	No
<b>3</b>	Employer	Phone	Position Title		
	Address		Responsibilities		
	From (Mo/Yr)	To (Mo/Yr)			
	Reason for Leaving				
	Supervisor		Were you required to have a CDL?	Yes	No
<b>4</b>	Employer	Phone	Position Title		
	Address		Responsibilities		
	From (Mo/Yr)	To (Mo/Yr)			
	Reason for Leaving				
	Supervisor		Were you required to have a CDL?	Yes	No

**PERSONAL STATEMENT** (Attach additional sheets if necessary)

Please summarize your interest in working for the City of Canton. Additionally, tell us about your special skills, abilities, accomplishments, or military service that you feel most qualify you for the position for which you are applying:

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**REFERENCES** (Please provide three school, work, or personal references not related to you)

Name	Title	Phone	Years Known
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

**APPLICANT STATEMENT**  
**PLEASE READ AND SIGN BELOW**

I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I further authorize investigation of all statements I have made. Misrepresentations, falsification, or omission of facts called for in this application or in the interview process is cause for cancellation of this application or termination of employment.

I authorize the City of Canton, its officers, agents and employees to conduct a background investigation (including criminal) prior to making a decision regarding employment. I release and hold harmless the City of Canton, its officers, agents, and employees, and the person providing the information from any liability related to the performance or result of this check.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, initial and ongoing employment with the City of Canton is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current or past employer, an organizations to provide relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended a conditional offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I give my consent to any pre-employment or post-employment health screenings, physical limitations testing, examinations, and/or any other requirements of the City of Canton if a conditional offer of employment has been given. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. We advise you not to resign or change your current employment status until you are advised that you have successfully completed the health assessment. I understand that I may be required to successfully pass an alcohol and drug screening examination. I hereby consent to a pre and/or post-employment alcohol/drug screen as a condition of employment, if required.

Finally, I understand that this application does not constitute a contract or guarantee of employment, or if employed, does not bind either party to a specific period of employment.

**Authorization for Reference Requests**

I have applied with the City of Canton for employment and I desire that they be fully advised of my record with former employers and schools I have attended. I, therefore, give my permission and request that former employers and prior schools attended furnish any and all requested information and records to the City of Canton on their request for references in regard to the position for which I have applied. In addition, I hereby release all involved parties from any and all liability of damages for requesting or providing the reference information.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*The City of Canton considers applicants for all positions without regard to race, color, religion, sex, age, national origin, marital or veteran status, disability, creed, ancestry, political affiliation, or any other legally protected status. The City of Canton is prepared to make reasonable accommodations for applicants with a disability. If called for an interview, please advise the person calling of any accommodations that you may need.*

**Applicant Survey (Voluntary)**

How did you learn about this position?

- Job Service Center
- Other City Department
- Present City Employee
- City of Canton Website
- Other Website
- Newspaper (specify \_\_\_\_\_)
- Other (specify \_\_\_\_\_)

Were you treated courteously when requesting job information about city government?  Yes  No

Was the city job information readily available upon request?  Yes  No

Was the City job information easily understood?  Yes  No

If you answered "no" to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_