

APPLICATION FOR EMPLOYMENT

ZIEBACH COUNTY
PO BOX 68
DUPREE, SD 57623
ziebachauditor@lakotanetwork.com

An Equal Opportunity Employer

All requested information is needed to help us evaluate your interest and qualifications for employment or to enable us to contact you. No other use will be made of the information without your permission.

Position applying for: _____

Name: _____
(Last) (First) (MI)

Address: _____

Telephone: _____
(Home) (Cell)

Email: _____

Are you under age 18? Yes No

Are you legally eligible to be employed in the United States? Yes No

Do you have or can you get a State of SD Driver's License? Yes No

Do you have a valid Commercial Driver's License (if applicable)? Yes No

Employment for which you are available: Full-time Part-time

When could you begin employment: Now Beginning on _____

Or After _____ days' notice to current employer

May we contact your current or most recent employer regarding your qualifications? _____

Are you a Veteran? Yes No

Education and Training

Circle last year of education completed. For high school diploma or GED circle "12".

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus

Please list name of school and degrees completed. Please indicate diploma, GED or BS/BA.

	Location	Graduated or credit hours	Major(s)
High School	_____	_____	
College/University	_____	_____	_____
Graduate School	_____	_____	_____
Business or Vocation School	_____	_____	_____

Internships: _____

Additional Training (workshops, seminars, apprenticeships, military or other training).
Include approximate hours or days of training.

List any relevant licenses or certificates: _____

Employment

Current or most recent position: _____

Dates of Employment: From _____ to _____
(mo/yr) (mo/yr)

Job Title: _____

Salary: Starting _____ Final _____

Employer _____ Type of Business _____

Employers address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reason for leaving: _____

Complete description of duties: _____

Next previous position: _____

Dates of Employment: From _____ to _____
(mo/yr) (mo/yr)

Job Title: _____

Salary: Starting _____ Final _____

Employer _____ Type of Business _____

Employers address _____ Phone _____

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Reason for leaving: _____

Complete description of duties: _____

Additional space. Use this block to complete information given elsewhere on this form. If you still need more space, attach additional sheet. You may also use this space to summarize other pertinent education or experience, which qualifies you for the position for which you are applying. _____