

# CITY OF ABERDEEN

## APPLICATION FOR EMPLOYMENT



### EEO/Discrimination

The City of Aberdeen is an equal opportunity employer and will provide equal opportunity to all employees and applicants

123 S. Lincoln St.  
Aberdeen, SD 57401  
(605)626-7013

Email – [hr@aberdeen.sd.us](mailto:hr@aberdeen.sd.us)  
[www.aberdeen.sd.us](http://www.aberdeen.sd.us)

**Applications must be postmarked by closing date of Job Posting**

Bulletin Number	Title of position applying for (use a new application for each job for which you apply)

**NOTE: Resumes will not be accepted in lieu of completion of any part of this application**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

Name and phone number of person who will know where you may be contacted.  
\_\_\_\_\_

Have you ever attended school or been employed under any other name than the one used above?

Yes  No Name \_\_\_\_\_

Do you claim veteran's preference?  Yes  No If yes, attach a copy of DD214 (separation papers).

Are you legally eligible for employment in the United States?  Yes  No **\*Proof will be required upon hire.**

When could you begin employment? Date: \_\_\_\_\_ After \_\_\_\_\_ working days notice to present employer.

Have you ever been employed by the City of Aberdeen?  Yes  No

Are you over 18 years of age?  Yes  No

Are you over 21 years of age?  Yes  No

May we contact your current, most recent or past employers regarding your qualifications?  Yes  No

If no, explain: \_\_\_\_\_

**List names, addresses and phone numbers of three references:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Be as thorough as possible in describing your education and work experience. Vague or incomplete answers will not be interpreted in your favor. If you need more space, attach additional sheets or use the blank area on the back page.

**EDUCATION AND TRAINING**

Do you possess a high school diploma or GED?  Yes  No  
High School Name/City/State \_\_\_\_\_

List formal education beginning with the most recent. Include college, vocational or business school, apprenticeships, military training, etc,

Name and Address of Post-Secondary School \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Did you graduate?  Yes  No Type of degree \_\_\_\_\_

Name and Address of Post-Secondary School \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Did you graduate?  Yes  No Type of degree \_\_\_\_\_

Use this space to identify any other educational experience you have had which is pertinent to this position. Include workshops, seminars, military or vocation training, etc. that are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List below any violations for which you were convicted in a court of law. **Convictions will not necessarily disqualify you from employment with the City of Aberdeen. The decision will be based on a number of factors such as the duties of the job for which you are being considered, the seriousness of the offense of which you were convicted, your age at the time of the offense, rehabilitation efforts, the recency of the offense, etc. Please be complete. All information is subject to verification.**

Offense	Place	Date	Disposition (Sentence)
_____	_____	_____	_____
_____	_____	_____	_____

Do you possess a valid driver's license?  Yes  No  
Do you possess a commercial driver's License?  Yes  No

Class \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

List motorized equipment you can operate \_\_\_\_\_

List occupational licenses/certifications in field of work. \_\_\_\_\_

List office equipment you can operate. \_\_\_\_\_

## WORK HISTORY

Begin with your current or most recent position and work backward. List each promotion as a separate job. Include paid and verifiable non-paid experience, including military service. Be as accurate and complete as possible, especially in describing the duties of each position. If you need more space attach additional sheets using the same format.

**Current or most recent position: If you need more space, attach additional sheets.**

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Total Years/Months \_\_\_\_\_

Job Title \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer's address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_

Number of employees you supervised \_\_\_\_\_ Average hours worked per week \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Complete description of duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Next previous position:**

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Total Years/Months \_\_\_\_\_

Job Title \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer's address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**DRUG-FREE WORKPLACE ACT COMPLIANCE:** The City of Aberdeen complies with the Drug-Free Workplace Act. As a condition of your employment, you will be asked to participate in drug screening. If you refuse such screening or test positive (evidence of drug usage) you will not be offered employment or such offer will be withdrawn.

**AMERICANS WITH DISABILITIES ACT COMPLIANCE:** The City of Aberdeen fully subscribes to the provisions of the American With Disabilities Act and will attempt in its employment process to make any reasonable accommodations necessary to assist qualified persons with disabilities.

I hereby certify that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations. I am aware that all statements submitted on this application are subject to investigation and verification. I understand that any withholding of information, misrepresentation or falsification of statements on this application or on City medical forms could result in rejection for employment, or if employed, termination from the City at any time.

I authorize and release from liability all employers, persons, schools, law enforcement agencies and other organizations named in this application to provide information requested by the City of Aberdeen in its processing of this application.

I also understand that nothing in this application or in the granting of an interview is intended to create an employment contract. I have received no promise regarding employment and I understand that no such promise or guarantee is binding on the City of Aberdeen. If an employment relationship is established, my employment is at-will and can be terminated at any time, with or without notice, for any reason. I understand that I have the right to terminate my employment at any time and that the City of Aberdeen has a similar right.

Sign here \_\_\_\_\_ Date \_\_\_\_\_