

# CITY OF ABERDEEN APPLICATION FOR EMPLOYMENT



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

*An Equal Opportunity Employer*

Revised 04

## Applications must be postmarked by closing date of Job Announcement

1. Announcement Bulletin Number	2. Exact Title of Position applied for (use a new application for each job for which you apply.)

3. Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

4. Address \_\_\_\_\_  
Street/box # City/State Zip  
 E-Mail Address \_\_\_\_\_

5. Social Security Number \_\_\_\_\_

6. Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

8. Have you ever attended school, or been employed under any other name than used in #3? Yes \_\_\_\_\_ No \_\_\_\_\_ Name \_\_\_\_\_

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

10. Do you have the legal right to live and work in the United States? Yes/No  
 If you are a resident alien, have you submitted a declaration of intent (form n-315). Yes \_\_\_\_\_ No \_\_\_\_\_

11. Circle each type of employment you will accept:  
 Full-time employment      Part-time employment  
 Temporary employment      Seasonal: Duration of Season

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

13. Have you ever been employed by the City of Aberdeen?     Yes     No  
 Are you under age 18?  Yes     No

14. List names, addresses and phone numbers of three personal references.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. May we contact your current, most recent, or past employers regarding your qualifications? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain:  
 \_\_\_\_\_

### Equal Employment Opportunity and Affirmative Action Statistics

The City of Aberdeen is an Equal Opportunity Employer. We comply with government regulations and affirmative action responsibilities. This attached information in no way influences employment prospects. It is separated from your application immediately and is part of our EEO Program. This information is maintained confidentially and is not available to any employing agency. Your responses are voluntary.

Print Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Title of Position Applied For \_\_\_\_\_

Bulletin Number (From job announcement) \_\_\_\_\_

Sex:  (1) Male  
 (2) Female

Age Group:  
 (1) Under 18  
 (2) 18-22  
 (3) 23-29  
 (4) 30-39  
 (5) 40-49  
 (6) 50-59  
 (7) 60-69  
 (8) 70 or older

Racial/Ethnic Group  
 (1) White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.  
 (2) Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.  
 (3) Hispanic: All persons of Mexican Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.  
 (4) American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.  
 (5) Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

Applicant Survey  
VOLUNTARY

How did you learn about this position?

- 1 City Bulletin Boards
- 2 State Job Service Center
- 3 City Departments
- 4 Present City Employee
- 5 School
- 6 Tribal or BIA Emp. Asst. Office
- 7 Friend
- 8 Radio
- 9 Television
- 10 Newspaper
- 11 Other \_\_\_\_\_

Were you treated courteously when requesting job information?

- Yes
- No

Was the job information readily available upon request?

- Yes
- No

Was the job information easily understood?

- Yes
- No

If you answered "no" to any of the above, please explain.

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, use line #24 or attach additional sheets. **NOTE: Resumes will not be accepted in lieu of completion of any part of this application**

### Education and Training

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

17. 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 \_\_\_\_\_

Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

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

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

Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

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

18. 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.).

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

19. List below any violations, other than minor traffic offenses 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)
_____	_____	_____	_____
_____	_____	_____	_____

20. Do you possess a valid Drivers License? Yes \_\_\_ No \_\_\_  
Class \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_ Exp. Date \_\_\_\_\_

Commercial Drivers License? Class. \_\_\_\_\_ Endorsements \_\_\_\_\_

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

22. List occupational licenses/certifications in field of work. List office equipment you can operate. \_\_\_\_\_

## WORK HISTORY

23. 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, use line 24 or attach additional sheets using the same format.

A. Current or most recent position:

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

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

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Employer's address \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

B. Next Previous Position:

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

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

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Employer's address \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

C. Next Previous Position:

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

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

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Employer's address \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

D. Next Previous Position:

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

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

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Employer's address \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

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

**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.

**YOU MUST SIGN THIS APPLICATION: UNSIGNED APPLICATIONS MAY BE DISQUALIFIED.**

Sign Here in Ink \_\_\_\_\_ Date \_\_\_\_\_