



YANKTON COUNTY

Application for Employment

Position applied for:

Date:

Yankton County is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the Yankton County Auditor.

APPLICANT INFORMATION

Last Name:		First Name:		M.I.:
Street Address:			Apt / Unit #:	
City:		State:	ZIP:	
Phone:		E-mail:		
Type of employment desired:	Full-time	Part-time	Temporary	Date available to start work:
Are you able to meet attendance requirements?	Yes	No	N/A	
Do you have any objection to working overtime if necessary?	Yes	No	N/A	
Can you travel if required for this position?	Yes	No	N/A	
Have you ever been previously employed by Yankton County?	Yes	No	N/A	
Can you submit proof of legal employment authorization and identity?	Yes	No	N/A	
Are you a veteran of the U.S. Military?	Yes	No	N/A	
Are you a member of the National Guard?	Yes	No	N/A	
Has your National Guard unit served a period of federal activation during a foreign conflict?	Yes	No	N/A	
What is/ was your rank?				N/A
What is/ was your military occupational specialty (MOS)? (Please include a copy of your DD-214 with the application)				N/A
If you are under 18, can you furnish a work permit if it is required?	Yes	No	N/A	
Have you been convicted of a crime in the last seven (7) years? If yes, please explain: (A conviction will not automatically bar employment)	Yes	No	N/A	
Driver's license number (if driving is an essential job duty):				D.L. State:

EMPLOYMENT HISTORY

Please provide all employment information for your past four employers, starting with your most recent.

Employer:		Supervisor:		
Address:				
City:		State:	ZIP:	
Phone:		Position held:		
Dates employed from:	to:	Salary:		
Job summary:				
Reason for leaving:				
Employer:		Supervisor:		
Address:				
City:		State:	ZIP:	
Phone:		Position held:		
Dates employed from:	to:	Salary:		
Job summary:				
Reason for leaving:				

EMPLOYMENT HISTORY (continued)			
Employer:		Supervisor:	
Address:			
City:		State:	ZIP:
Phone:		Position held:	
Dates employed from:		to:	Salary:
Job summary:			
Reason for leaving:			
Employer:		Supervisor:	
Address:			
City:		State:	ZIP:
Phone:		Position held:	
Dates employed from:		to:	Salary:
Job summary:			
Reason for leaving:			

OTHER SKILLS AND QUALIFICATIONS
Summarize any job related training, skills, licenses, certifications, and/or other qualifications.

EDUCATIONAL HISTORY			
List school name and location, years completed, course of study and degrees earned.			
High school:	Years:	Study:	Degree:
College:	Years:	Study:	Degree:
Technical training:	Years:	Study:	Degree:
Other:	Years:	Study:	Degree:

PERSONAL REFERENCES		
List three personal reference names, phone numbers, and years known (do not include relatives or employers).		
Name:	Phone:	Years known:
Name:	Phone:	Years known:
Name:	Phone:	Years known:

I hereby authorize Yankton County to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Yankton County and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Yankton County can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of Yankton County not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ Date: _____