

APPLICATION FOR EMPLOYMENT

OGLALA LAKOTA COUNTY

Oglala Lakota County considers applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

- PLEASE PRINT -

Position applied for:	Date:
How did you learn of the position? <input type="checkbox"/> Advertisement <input type="checkbox"/> Job Service <input type="checkbox"/> Website <input type="checkbox"/> Inquiry <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address		City
		State
		Zip Code
Telephone Number(s)		Social Security Number (voluntary)

Best time to contact you at home is: _____:_____ AM PM

If you are under 18 years of age, can you provide a work permit if required?..... Yes No

Have you filed an application with us before? If Yes, department & date: _____ Yes No

Have you been employed with us before? If Yes, department & date: _____ Yes No

Do any relatives or friends work for the County? Yes No

If yes, state name, relationship and department: _____

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.)..... Yes No

Date available for work: _____ Starting wage of position for which you are applying: \$_____/hr

Position(s) you would consider:
 Full Time (Please indicate shift: 1 2 3)
 Part Time (Please indicate: Mornings Afternoons Evenings)
 Temporary (Please indicate dates available: _____ to _____)

Are you currently laid off and subject to recall? Yes No

Are you able to travel if required by the position? Yes No

Have you ever been convicted of a felony? Yes No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the position in question.

Education

School	Name and location of School	Course of Study	Number of yrs completed	Diploma / Degree
High School				
Undergraduate				
Graduate / Professional				
Other (specify)				

Additional Information

Additional information you believe may be helpful in considering your application, such as special training or Military service:

Do not answer the following question unless you have been informed of the requirements of the position for which you are applying:
 Can you perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No

Employment Experience

Start with your present or most recent job. You may include any job-related military service assignments and volunteer activities. Exclude organizations that indicate race, color, religion, gender national origin, disabilities or other protected status.

Employer	<i>Dates Employed</i>		<i>Work Performed:</i> Please check box if you do <u>NOT</u> want us to contact Employer <input type="checkbox"/>
	<i>From</i>	<i>To</i>	
Address			
Telephone Number(s)			
Starting / Present Job Title	<i>Hourly Rate / Salary</i>		
	<i>Starting</i>	<i>Final</i>	
Supervisor			
Reason for leaving			
Employer	<i>Dates Employed</i>		<i>Work Performed:</i> Please check box if you do <u>NOT</u> want us to contact Employer <input type="checkbox"/>
	<i>From</i>	<i>To</i>	
Address			
Telephone Number(s)			
Starting / Present Job Title	<i>Hourly Rate / Salary</i>		
	<i>Starting</i>	<i>Final</i>	
Supervisor			
Reason for leaving			
Employer	<i>Dates Employed</i>		<i>Work Performed:</i> Please check box if you do <u>NOT</u> want us to contact Employer <input type="checkbox"/>
	<i>From</i>	<i>To</i>	
Address			
Telephone Number(s)			
Starting / Present Job Title	<i>Hourly Rate / Salary</i>		
	<i>Starting</i>	<i>Final</i>	
Supervisor			
Reason for leaving			

References

Do not include family members or supervisors referenced above in job history.

Name	Phone number	Best time to call	Occupation / How you know Reference
1.			
2.			
3.			

Applicant's Statement

- I certify that answers given herein are true and complete.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I understand that this application remains current for only 45 days. If I wish to be considered for employment beyond 45 days, I should inquire as to whether I need to fill out a new application.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. I also understand that this "at will" employment 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.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Employer.

_____ <i>Signature of Applicant</i>	_____ <i>Date</i>
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