



**Employment Application**

**Complete Section 1, attach resume and sign application and/or complete remainder of application.**

**Section 1 - Required Information**

Date of Application \_\_\_\_\_ Position Applied For \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Street/Avenue, Box, Apartment, Lot or Trailer City State Zip

Telephone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Are you under age 18? Yes  No

Are you a U.S. citizen authorized to work in the United States on a full-time basis? Yes  No

Are you a veteran of the U. S. military service? Yes  No  If yes, branch \_\_\_\_\_

Do you possess a valid driver's license? Yes  No  Class \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

Do you possess a commercial driver's license? Yes  No  Class \_\_\_\_\_ Endorsements \_\_\_\_\_

Have you ever had your driver's license suspended? Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of or pled guilty or no contest to any felony? Yes  No

If yes, please explain: \_\_\_\_\_

May we contact your current or past employers regarding your qualifications prior to making an offer of employment to you? Yes  No

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

Professional References – Please include name, address and telephone number.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Section 2 – Education**

**If all requested information is included on an attached resume, you do not need to complete this section.**

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

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 \_\_\_\_\_

List all relevant licenses, certificates or registrations you possess (include expiration date, license number and issuing state). Also, identify any other educational experiences or knowledge and skills that may be relevant to the position for which you are applying.

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

**Section 3 – Work History**

**If all requested information is included on an attached resume, you do not need to complete this section. Begin with your current or most recent position and work backwards attaching additional pages if necessary. Do not skip any employment. Include all paid experience. You may include non-paid experience if you feel it may be pertinent to this position.**

Job Title \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Final Salary \_\_\_\_\_

Duties performed and knowledge or skills gained from this experience \_\_\_\_\_

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

Job Title \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Final Salary \_\_\_\_\_

Duties performed and knowledge or skills gained from this experience \_\_\_\_\_

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

Job Title \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Final Salary \_\_\_\_\_

Duties performed and knowledge or skills gained from this experience \_\_\_\_\_

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

Job Title \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Final Salary \_\_\_\_\_

Duties performed and knowledge or skills gained from this experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Madison 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 Madison. 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 Madison has a similar right.

**You must sign this application. Unsigned applications may be disqualified.**

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Submit Completed Application to:**

**City of Madison, Attn: Human Resources, 116 West Center Street, Madison, SD 57042. 605-256-7500.**