504 River Dr. * North Sioux City, SD 57049
Ph: (605) 232-4276 * Fax: (605) 232-0506
Web: www.northsiouxcity-sd.gov

Application for Employment

Date: _____ **Position applied for:** _____

Directions: Please answer each question fully and accurately. No action will be taken on this application until you have answered all questions and signed the back of the application in ink. Resumes and cover letters are not substitutes for the information requested on this application.

APPLICANT INFORMATION

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone (_____)_____ Date available for work:_____ Email Address: _____

List alias(es), nickname(s), or any other names you may have worked under: _____

_____

Are you legally eligible for employment in the United States? Yes ☐ No ☐
(Proof of US Citizenship or immigration status required)

Have you ever been employed by the City of North Sioux City? Yes ☐ No ☐ If yes, dates:_____ to _____

Are you related to any city employee or elected official? Yes ☐ No ☐ If yes, name and relationship?

_____

Have you ever applied here before? Yes ☐ No ☐ If yes, date and position?

_____

Do you have a High School Diploma or G.E.D. equivalent? May Yes ☐ No ☐

we contact you at work? Yes ☐ No ☐ If yes, phone number: (_)_____- _____

Do you currently possess a valid driver's license? Yes ☐ No ☐ State:_____ #: _____

Are you willing to work overtime if required? Yes ☐ No ☐

Are you willing to work alternating shifts if required? Yes ☐ No ☐

Have you ever been fired from a job or asked to resign? Yes ☐ No ☐

If yes, please explain:_____

_____

Have you ever been convicted of a felony or misdemeanor? Yes ☐ No ☐

If yes, please explain:_____

_____

(Factors such as date, nature, number of offenses, age at the time of offense, and rehabilitation will be considered)

SKILLS & QUALIFICATIONS

Typing:_____wpm

Do you possess a current Commercial Driver's License (CDL)? Yes ☐ No ☐

List any certifications:_____

_____

Describe your proficiency with computer hardware and software (list software): _____

_____

EDUCATION (List schools attended, including high school, starting with the most recent)

School Years Completed Degree or Diploma Major

1)_____

2)_____

3)_____

EMPLOYMENT HISTORY (List present or most recent employers first, including military service assignments. If necessary, please attach an additional sheet to explain gaps in employment)

1. Current Employer_____Supervisor_____

Address_____

Date (Month/Year) From_____ To_____ Salary/Wage_____Position_____

_____ Reason

for leaving_____

May we contact this employer? Yes ☐ No ☐ Phone No._____

2. Name of Employer_____Supervisor_____

Address_____ Phone_____ Date

(Month/Year) From_____ To_____ Salary/Wage_____Position_____

_____ Reason

for leaving_____

3. Name of Employer_____Supervisor_____

Address_____ Phone_____ Date

(Month/Year) From_____ To_____ Salary/Wage_____Position_____

_____ Reason

for leaving_____

4. Name of Employer_____Supervisor_____

Address_____ Phone_____ Date

(Month/Year) From_____ To_____ Salary/Wage_____Position_____

_____ Reason

for leaving_____

5. Name of Employer_____Supervisor_____

Address_____ Phone_____ Date

(Month/Year) From_____ To_____ Salary/Wage_____Position_____

_____

Reason for leaving_____

PERSONAL STATEMENT (Attach additional sheets if necessary)

Please summarize your interest in working for the City of North Sioux City. Additionally, tell us about your special skills, abilities, accomplishments, or military service that you feel most qualify you for the position for which you are applying:

PROFESSIONAL REFERENCES (Attach additional sheets if necessary)

Name	Title	Phone	Years Known
1)			
2)			
3)			

APPLICANT STATEMENT
PLEASE READ AND SIGN BELOW

I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I further authorize investigation of all statements I have made. Misrepresentations, falsification, or omission of facts called for in this application or in the interview process is cause for cancellation of this application or termination of employment.

I authorize the City of North Sioux City, its officers, agents and employees to conduct a background investigation (including criminal) prior to making a decision regarding employment. I release and hold harmless the City of North Sioux City, its officers, agents, and employees, and the person providing the information from any liability related to the performance or result of this check.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, initial and ongoing employment with the City of North Sioux City is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this 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.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current or past employer, an organizations to provide relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended a conditional offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I give my consent to any pre-employment or post-employment health screenings, physical limitations testing, examinations, and/or any other requirements of the City of North Sioux City if a conditional offer of employment has been given. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. We advise you not to resign or change your current employment status until you are advised that you have successfully completed the health assessment. I understand that I may be required to successfully pass an alcohol and drug screening examination. I hereby consent to a pre and/or post-employment alcohol/drug screen as a condition of employment, if required.

Finally, I understand that this application does not constitute a contract or guarantee of employment, or if employed, does not bind either party to a specific period of employment.

Authorization for Reference Requests

I have applied with the City of North Sioux City for employment and I desire that they be fully advised of my record with former employers and schools I have attended. I, therefore, give my permission and request that former employers and prior schools attended furnish any and all requested information and records to the City of North Sioux City on their request for references in regard to the position for which I have applied. In addition, I hereby release all involved parties from any and all liability of damages for requesting or providing the reference information.

SIGNATURE_____ DATE_____

The City of North Sioux City considers applicants for all positions without regard to race, color, religion, sex, age, national origin, marital or veteran status, disability, creed, ancestry, political affiliation, or any other legally protected status. The City of North Sioux City is prepared to make reasonable accommodations for applicants with a disability. If called for an interview, please advise the person calling of any accommodations that you may need.

Applicant Survey (Voluntary)

How did you learn about this position?

- ☐ Job Service Center
- ☐ Other City Department
- ☐ Present City Employee
- ☐ City of North Sioux Website
- ☐ Other Website
- ☐ Newspaper(specify)_____
- ☐ Other (specify)_____

Were you treated courteously when requesting job information about city government? _____Yes _____No

Was the city job information readily available upon request? _____Yes _____No

Was the City job information easily understood? _____Yes _____No

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