

Application for Employment

City Website: www.bellefourche.org

An Equal Opportunity Employer



511 6th Avenue
Belle Fourche, SD 57717
(605) 723-4046
Fax (605) 723-4348

Pre-employment Drug Screening and Background Check are conducted for all positions within the City of Belle Fourche after offer of employment.

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

NAME _____
LAST FIRST MIDDLE

OTHER NAMES USED _____

MAILING ADDRESS _____
STREET CITY STATE ZIP CODE

PRIMARY TELEPHONE NUMBER _____ ALTERNATE TELEPHONE NUMBER _____

EMAIL ADDRESS _____ REFERRAL SOURCE _____

May we contact you at work? Yes No If Yes, Telephone Number _____

Are you over the age of 18? Yes No (For Police Officers in SD the minimum age is 21)

Have you ever been employed by the City of Belle Fourche? Yes No If yes, give dates: _____

I understand if, if hired I will be required to provide proof of eligibility to work in the United States. Yes No

If you wish to claim veterans' preference, please attach the DD214 Form to your application substantiating your claim.

Have you ever been convicted of any law violation other than a minor traffic violation? Yes No

If yes, give details: _____

Are you related to anyone presently working for the City of Belle Fourche? Yes No If Yes, Name: _____

Do you have a valid Driver's License? Yes No Driver's License Number _____ Class _____ CDL? _____

Have you ever been dismissed or asked to resign from any position? Yes No

If yes, please explain _____

PROFESSIONAL REFERENCES

List three (non-related) persons who can objectively assess your professionally or scholastic performance

NAME	TELEPHONE	YEARS KNOWN

EDUCATIONAL BACKGROUND

COLLEGE/UNIVERSITY/TRADE SCHOOLS	CITY/STATE	CREDITS COMPLETED	DEGREE/DIPLOMA	YEAR	MAJOR	MINOR
High School:						

EMPLOYMENT HISTORY

List your employment history starting with the most recent employer. List all positions held, including military experience, part-time, summer and/or volunteer work and periods of unemployment. Explain any gaps in employment in comments section below.			
EMPLOYER	DATES EMPLOYED		Summarize your job responsibilities
	FROM	TO	
ADDRESS			
JOB TITLE	FINAL SALARY		
SUPERVISOR	\$		
TELEPHONE			
REASON FOR LEAVING	MAY WE CONTACT?		
EMPLOYER	DATES EMPLOYED		Summarize your job responsibilities
	FROM	TO	
ADDRESS			
JOB TITLE	FINAL SALARY		
SUPERVISOR	\$		
TELEPHONE			
REASON FOR LEAVING	MAY WE CONTACT?		
EMPLOYER	DATES EMPLOYED		Summarize your job responsibilities
	FROM	TO	
ADDRESS			
JOB TITLE	FINAL SALARY		
SUPERVISOR	\$		
TELEPHONE			
REASON FOR LEAVING	MAY WE CONTACT?		

Additional job history can be attached.

Explain gaps in employment: _____

Special Skills & Qualifications **Summarize special skills and qualifications you would like us to consider including certifications and licenses.**

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

I certify, under the penalty of perjury, that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, organizations and references named in this application to provide relevant information and opinions that may be useful in making a hiring decision.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination and drug screen. 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. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. I understand that if employed I will be hired at the will of the employer and my employment may be terminated at any time, for any reason or no reason, with or without notice.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____