



**Application for
Wall City Employee**
PO Box 314, Wall, SD 57790
City of Wall
An Equal Opportunity Employer

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Email Address: _____

Are you legally eligible to be employed in the United States? YES [] NO []

Are you a US Veteran YES [] NO []

Are you over the age of 18 years? YES [] NO []

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? YES [] NO [] If yes, please explain:

Are you presently employed? YES [] NO [] If yes, may we contact your employer? YES [] NO []

Are you available to work: FULL TIME [] NIGHTS [] WEEKENDS []

When would you be available to begin work? _____

Can you perform the essential functions of the position for which you are applying? YES [] NO []
If no, please explain.

Have you done any volunteer work? YES [] NO [] If yes, describe:

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES [] NO [] If yes, please explain and list offices held:

EDUCATION

| | Name and Location of School | Course of Study | No. of Years Completed | Diploma or Degree Received |
|-------------------|-----------------------------|-----------------|------------------------|----------------------------|
| High School | | | | |
| College | | | | |
| Technical College | | | | |
| Graduate Work | | | | |

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES [] NO [] If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college:

EMPLOYMENT Start with your present or most recent position

| | | | | |
|--|-------------------|-----------------------------|-------|--------------------|
| Name of Employer | | Telephone Number () | | |
| Full Address (Including Street, City, State & Zip) | | Supervisor's Name and Title | | |
| Dates Employed From Month/Day/Year | To Month/Day/Year | Rate of Pay Beginning | Final | Reason for Leaving |
| Describe the Work Performed <hr/> <hr/> <hr/> | | | | |
| Name of Employer | | Telephone Number () | | |
| Full Address (Including Street, City, State & Zip) | | Supervisor's Name and Title | | |
| Dates Employed From Month/Day/Year | To Month/Day/Year | Rate of Pay Beginning | Final | Reason for Leaving |
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| | | | | |
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| Name of Employer | | Telephone Number () | | |
| Full Address (Including Street, City, State & Zip) | | Supervisor's Name and Title | | |
| Dates Employed From Month/Day/Year | To Month/Day/Year | Rate of Pay Beginning | Final | Reason for Leaving |
| Describe the Work Performed | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

Use an additional sheet of paper if more space is necessary.
Please be complete. You will be screened using the information you provided.
A resume may be attached.

PERSONAL REFERENCES Give three individuals (not relatives or employers)

| | |
|---|-------------------------|
| Name | Occupation |
| Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____ | Telephone Number () |
| Name | Occupation |
| Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____ | Telephone Number () |
| Name | Occupation |
| Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____ | Telephone Number () |

It is the policy of the City of Wall to recruit, hire, train, promote, discipline, and discharge all applications and employees equally and without regard to race, religion, creed, color, national origin, sex, age, disability, political affiliation, marital or veteran status, or any other basis prohibited by state or federal law.

IMPORTANT, PLEASE READ AND SIGN

I certify that my answers are true and complete to the best of my knowledge.

I understand the City of Wall is an At-Will employer. I understand, if I am hired, my employment is for no definite time and may be terminated at any time, with or without prior notice, by myself or the City of Wall.

Signed: _____

This application will remain active and on file for sixty days.

RESULTS

Employed: YES [] NO []

If Yes, Job Title: _____

Department _____

Date beginning Employment _____

Compensation \$ _____ per _____

Interviewed by: _____ Date: _____