

**ROBERTS COUNTY** Employment Application

## 411 2<sup>nd</sup> Ave E, Sisseton, SD 57262

AN EQUAL OPPORTUNITY EMPLOYER: Applications are considered without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under state and federal law.

PERSONAL INFORMATION	DATE:
Name:	Social Security Number:
Address:	Telephone Number:
Are you legally eligible for employment in the USA? $\Box$ Yes $\Box$ No	
Position applied for:	Rate of Pay:
Were you previously employed by Roberts County?	If yes, when?
If your application is considered favorably, on what date will you be	e available to work?
Are there any other experiences, skills, or qualifications which you f	eel would especially fit you for work with Roberts County?
RECORD OF EDUCATION	
School Name and Address of School Co	ourse of Study Years completed List Diploma or Degree
High School	
College	
Other (specify).	
List below all present and past employment, beginning with ye	our most recent.
Name & Address of Company From M/Yr To M/Yr Sa	alary Reason for leaving Supervisor Include Phone Number
<u>1.</u>	· · · · · ·
2 <u>.</u>	
3	
4.	

I hereby give permission to contact the employers listed above concerning information you deem relevant.

Signed:		
Signeu.		

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s).

## PERSONAL REFERENCES (Not former employers or relatives)

Name	Occupation	Years known	Phone Number:
1.			
2.			
3.			
MILITARY SERVICE R	ECORD		

Were you in the U.S. Armed Forces? Yes/No If Yes, what branch? Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_

**APPLICANTS STATEMENT**: I understand and agree that any misrepresentation by me in this application will be sufficient cause for rejection of this application and/or termination of employment if I am hereafter employed by Roberts County. Furthermore, if I am hired, I understand that I am free to resign at any time by submitting a written notice two weeks in advance to the Department head or the Roberts County Commission. Roberts County reserves the right to terminate employment at any time by gibing me two weeks written notice of intended action. I understand that no representative of Roberts County has authority to make any representation s or assurances to the contrary. I understand that I may be requested to submit to a test to detect the current illegal use of drugs and if the test results identify that I am a current illegal user, I will not be eligible for employment by Roberts County. I further understand that I have the right to refuse to submit to such tests or to consent to such tests of my own free will.

I authorize Roberts County to make a thorough investigation and background check of my past employment, education and job related activities. To the extent permitted by law, I release Roberts County from any liability which might result from making such investigation and I also release from any liability all persons and entities supplying such information. I acknowledge that Roberts County is an equal opportunity employer and that Roberts County does not discriminate in employment. I understand that no question on this application is used for the purpose of limited or excluding Roberts County's consideration of me for employment on a basis prohibited by federal, state or local information prohibited by federal, state or local law. I understand that Roberts County's designated newspapers. I understand that no person shall be hired in a position where he/she shall be supervised by or receive supervision from a relative as defined by brother, sister, mother, father, son, daughter, grandson, granddaughter, or any of the preceding who are in that capacity as in-laws, or any other member of the prospective employee's household.

Signature: \_\_\_\_

Date: