Application for Employment

CITY OF YANKTON P. O. BOX 176 YANKTON, SD 57078

Qualified applications are considered for all open positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

All applications must be postmarked within	n 24 hours afte	1	C	
		Date of Applic	ation	
Position(s) applying for				
Name	First		Middle	
Address			TVIIGGE	
Phone ()	City Social Security No		State	ZIP Code
Have you ever filed an application here before?	☐ Yes	☐ No	Date	
Have you ever been employed here before?	☐ Yes	☐ No		
Are you currently employed?	☐ Yes	☐ No		
May we contact your current or most recent empl	over regarding	vour qualificat	ions?	Yes
Are you prevented from lawfully becoming emplo Yes No (Proof of cit On what date would you be available for work? _ Are you available to work: Full Time Are you currently on lay-off status and subject to Have you been convicted of a felony within the last If yes, explain.	Part Time [recall?	Shift Work Yes No	s is required u	pon employment)
Do you claim veteran's preference? Yes If Yes, attach a copy of DD214 (separation pape from the Department of Veteran's Affairs showing If the position for which you are applying requir (Please refer to position announcement.)	g percent of dis	sability. uth Dakota driv	vers license, d	
If the position for which you are applying requipossess one? (Please refer to position announcement of No. 2015).			ommercial driv	vers license, do you

Employment Experience

List each job held. Start with your Present or Last Job. Include military service assignments and volunteer activities. (You may exclude groups which indicate race, color, sex, national origin, disability, or other protected status.) *If you need additional space, please continue on a separate sheet of paper*.

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Education

	High School			College/University				Graduate/Professional				
School Name:												
Years Completed:	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree:	None	Dip	oloma	GED								
Describe Course of Study:												
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:												

Extra-Curricular Activities:	
1	isiness or civic activities and offices held. (You may exclude groups which indicate national origin, age, ancestry, handicap, or other protected status.)
REFERENCES:	
1.	none number of three personal references not related to you.
2.	
3.	
State any additional inform	nation you feel may be helpful to us in considering your application.

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment, including third party criminal background checks, as may be necessary in arriving at an employment decision, and I release the City of Yankton and its representatives and all persons, companies, and corporations supplying such information from any liability which might result from making such investigation.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City.

I understand this application is not a contract of employment. In the event of employment, I understand I will be subject to a six month probationary employment period where my employment is terminable at will so that both the City of Yankton and I remain free to choose to end our working relationship.

I understand that if I am selected for employment for a position with a residency requirement, that I must establish and maintain residency within fifteen miles of the corporate limits of the City of Yankton at all times during my employment with the City. If residency is not already established, I must establish said residency within 120 days of my employment or face termination or resignation. (Please refer to map in City Manager's office for exact limits.)

Signature of Applicant	Date

For Department Use Only							
Arrange Interview							
Remarks							
	Interviewer	Date					
Employed	yment						
Job Title Department							
Hired by	Date						
Name/Title	Date						

REMARKS: