

Lincoln County  
 104 N. Main  
 Canton, SD 57013

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT NEATLY OR TYPE ALL INFORMATION EXCEPT SIGNATURE.

|                             |  |  |   |  |  |
|-----------------------------|--|--|---|--|--|
| <b>CONTACT INFO</b>         | LAST NAME  | FIRST  | MIDDLE INITIAL  | SOCIAL SECURITY NUMBER<br>- - -                  |  |
|                             | MAILING ADDRESS  |  | CITY  | STATE ZIP CODE                                   |  |
|                             | HOME ADDRESS (If different than above)   |  | EMAIL ADDRESS:  |  |  |
|                             | HOME PHONE NUMBER<br>( )   | BEST TIME TO CALL<br>AM _____ PM _____       |   | CELL PHONE NUMBER<br>( )                         |  |
|                             | WORK NUMBER<br>( )   | MAY WE CONTACT YOU AT WORK? Yes ____ No ____ |   |  |  |
| <b>VETERAN STATUS</b>       | <b>VETERANS' PREFERENCE INFORMATION:</b> Veterans, as defined in state law, who are citizens and residents of the state, where all qualifications are equal, shall be given preference for appointment. A DD-214 or current VA disability certification (if applicable) must be submitted with this application. |  |   |  |  |
|                             | <b>CHECK IF APPLICABLE:</b> _____ <b>COMPLETION</b> of the Veteran's Preference section is made on a <b>voluntary basis</b> .  |  |   |  |  |
|                             | _____ VETERAN _____ DISABLED VETERAN _____ VIETNAM ERA VETERAN BRANCH: _____<br>DATES OF SERVICE: FROM ___/___/___ TO ___/___/___ DISCHARGE: _____   |  |   |  |  |
| <b>PERSONAL INFORMATION</b> | DATE YOU CAN START   | SALARY DESIRED                               |   | ARE YOU UNDER THE AGE OF 18?<br>Yes ____ No ____ |  |
|                             | REFERRED BY (Please Circle and list) Newspaper Employee _____ Other _____  |  |   |  |  |
|                             | ARE YOU RELATED TO A LINCOLN COUNTY EMPLOYEE? Yes ____ No ____ WHO?  |  |   |  |  |
|                             | HAVE YOU EVER WORKED FOR LINCOLN COUNTY IN THE PAST? Yes ____ No ____ DATES:   |  |   |  |  |
|                             | HAVE YOU EVER APPLIED TO LINCOLN COUNTY BEFORE? Yes ____ No ____ WHAT POSITION / WHEN?   |  |   |  |  |
|                             | ARE YOU LEGALLY ELIGIBLE FOR WORK IN THIS COUNTRY? Yes ____ No ____  |  |   |  |  |
|                             | HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR NOLO CONTENDERE/NO CONTEST TO ANY CRIME OTHER THAN TRAFFIC OFFENSES FOR WHICH NO COURT APPEARANCE WAS REQUIRED? Yes ____ No ____<br>If yes, please explain   |  |   |  |  |
| <b>EMPLOYMENT HISTORY</b>   | ARE YOU CURRENTLY EMPLOYED?<br>Yes ____ No ____  |  | MAY WE CONTACT YOUR PRESENT EMPLOYER?<br>Yes ____ No ____ |  |  |
|                             | DATES EMPLOYED<br>FROM   TO  | EMPLOYER                                     | EMPLOYERS ADDRESS   | TELEPHONE<br>( )                                 |  |
|                             | SALARY<br>per  | JOB TITLE                                    | SUPERVISOR  | REASON FOR LEAVING                               |  |
|                             | JOBS HELD AND DUTIES PERFORMED   |  |   |  |  |
|                             | DATES EMPLOYED<br>FROM   TO  | EMPLOYER                                     | EMPLOYERS ADDRESS   | TELEPHONE<br>( )                                 |  |
|                             | SALARY<br>per  | JOB TITLE                                    | SUPERVISOR  | REASON FOR LEAVING                               |  |
|                             | JOBS HELD AND DUTIES PERFORMED   |  |   |  |  |
|                             | DATES EMPLOYED<br>FROM   TO  | EMPLOYER                                     | EMPLOYERS ADDRESS   | TELEPHONE<br>( )                                 |  |
|                             | SALARY<br>per  | JOB TITLE                                    | SUPERVISOR  | REASON FOR LEAVING                               |  |
|                             | JOBS HELD AND DUTIES PERFORMED   |  |   |  |  |

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|  |   |           |                |                  |                                 |
|--|---|-----------|----------------|------------------|---------------------------------|
| <b>EDUCATION</b>   | NAME AND LOCATION OF SCHOOL   |           | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED MAJOR / DEGREE |
|  | HIGH SCHOOL   |           |                |                  |                                 |
|  | COLLEGE   |           |                |                  |                                 |
|  | TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL   |           |                |                  |                                 |
| <b>REFERENCES</b>  | Please list 2 professional and 1 personal reference.  |           |                |                  |                                 |
|  | NAME  | ADDRESS   | BUSINESS       | TELEPHONE        |                                 |
|  | 1   |           |                | ( )              |                                 |
|  | 2   |           |                | ( )              |                                 |
| 3  |   |           | ( )            |                  |                                 |
| <b>COMMENTS</b>  | Please list any subjects of special study/research, work, special training, or skills. Special achievements may also be listed. |           |                |                  |                                 |
| <b>AUTHORIZATION</b>   | <b>PLEASE READ CAREFULLY</b>  |           |                |                  |                                 |
| <p>I understand that the acceptance of this application in no way guarantees employment, either in the position applied for or any other position, with Lincoln County.</p> <p>I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I authorize the investigation of all matters contained in this application and hereby give Lincoln County permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Lincoln County from any liability as a result of such contact.</p> <p>I understand that Lincoln County has a Drug and Alcohol Policy that provides for preemployment testing within 48 hours of acceptance of employment into certain positions and follows DOT regulations for random drug screens and post-incident testing; and that consent to, and compliance with, such Policy may be a condition of my employment.</p> <p>To help ensure that employees are able to perform their duties safely, medical examinations may be required.</p> <p>In accordance with SDCL 7-18A-37 and Lincoln County Ordinance, certain positions within Lincoln County may require a federal and state criminal background check prior to your start date.</p> |   |           |                |                  |                                 |
| _____  |   | _____     |                |                  |                                 |
| DATE   |   | SIGNATURE |                |                  |                                 |

Lincoln County is an Equal Employment Opportunity employer and prohibits discrimination and harassment on the basis of race, color, creed, religion, national origin, citizenship, ancestry, gender, pregnancy, age, disability, sexual orientation, and veteran's status in the offering of all employment opportunities, benefits and services. To request accommodations required by disabilities, please call (605) 764-2581.

**Thank you for completing this application form and for your interest in Lincoln County**