SUMMER 2024

APPLICATION FOR EMPLOYMENT
CITY OF GROTON
PO BOX 587 / 120 N MAIN ST
GROTON, SD 57445-0587

An Equal Opportunity Employer

Position Applying for:_____

Name:_____
Last First Middle

Address:_____
Street/Box City State Zip

Social Security Number:_____ Are you under age 18? Yes No

Telephone: Home_____ Cell_____ Work _____

Email Address: _____

Are you legally authorized to work in the United States? Yes No

Do you have or can you get a State of SD Driver's License? (If position requires) Yes No

Employment for which you are available:
Full-Time Permanent Seasonal Part-Time Temporary (Less than 6 months)

When could you begin employment? Now Beginning on _____
After _____ waiting days notice to current employer

Are there any conflicts to working the hours required?_____

May we contact your current or most recent employer regarding your qualifications? Yes No

Education and Training

Circle last year of education completed. For high school diploma or GED circle "12".

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18plus

Please list name of school and degrees completed. Please indicate diploma, GED, or BS/BA.

	Location	Graduated or credit hours	Major(s)
High School	_____	_____	
College/ University	_____	_____	_____
Graduate School	_____	_____	_____
Business or Vocational School	_____	_____	_____

Internships: _____

Additional Training (workshops, seminars, apprenticeships, military or other training). Include approximate hours or days of training. _____

_____

List any relevant licenses or certificates: _____

_____

Employment

1. Current or Most Recent Position: _____
Dates of Employment: From (mo/yr)_____ to (mo/yr)_____ Total Yrs_____Mons_____
Starting Salary_____ Last Salary_____
Job Title _____Type of Business _____
Employer _____Phone_____
Employer's Address_____
Supervisor's Name and Title:_____
Number employees supervised_____ Average hrs worked per wk_____
Reason for Leaving _____
Complete description of duties_____
_____
_____

2. Next Previous Position:_____
Dates of Employment: From (mo/yr)_____ to (mo/yr)_____ Total Yrs_____Mons_____
Starting Salary_____ Last Salary_____
Job Title _____Type of Business _____
Employer _____Phone_____
Employer's Address_____
Supervisor's Name and Title:_____
Number employees supervised_____ Average hrs worked per wk_____
Reason for Leaving _____
Complete description of duties_____
_____
_____

3. Next Previous Position:_____
Dates of Employment: From (mo/yr)_____ to (mo/yr)_____ Total Yrs_____Mons_____
Starting Salary_____ Last Salary_____
Job Title _____Type of Business _____
Employer _____Phone_____
Employer's Address_____
Supervisor's Name and Title:_____
Number employees supervised_____ Average hrs worked per wk_____
Reason for Leaving _____
Complete description of duties_____
_____
_____

4. Next Previous Position:_____
Dates of Employment: From (mo/yr)_____ to (mo/yr)_____ Total Yrs_____Mons_____
Starting Salary_____ Last Salary_____
Job Title _____Type of Business _____
Employer _____Phone_____
Employer's Address_____
Supervisor's Name and Title:_____
Number employees supervised_____ Average hrs worked per wk_____
Reason for Leaving _____
Complete description of duties_____
_____
_____

Additional Space. Use this block to complete information given elsewhere on this form. If you still need more space, attach additional sheets. You may also use this space to summarize other pertinent education or experience which qualifies you for the position for which you are applying. _____
_____

Pre-Employment Agreement

I understand and agree that:

1. If I misrepresent or deliberately leave out a fact in my applications, I may be refused employment or, if employed, I may be terminated.
2. The City has my authorization to thoroughly investigate my work, medical and personal history that is job-related. I will hold no person, corporation or organization liable for giving or receiving information in this investigation.
3. In consideration of my employment, I agree to conform to the rules and regulations of the City and I understand that no representative of the City has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.
4. Any doctor, hospital or testing laboratory may conduct medical tests and I hereby give my consent to having all information released necessary for the city to determine my abilities to perform job duties now or in the future.
5. Passing the pre-employment physical examination including a drug and alcohol screening test may be a prerequisite for qualifying for employment. If a job offer is made, I understand it is conditioned on this requirement. Failure to provide accurate medical information will be considered grounds for dismissal.
6. The City is an equal opportunity employer. The City does not discriminate and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
7. If employed, I understand that my employment is for no definite period of time, and if terminated the City is liable only for wages and salary and benefits earned as of the date of termination.
8. I understand that an appointment shall not be deemed complete until a probation period of six months has elapsed as a new employee or a six month probation period for a promotion transfer.
9. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.
10. This application is current and active for only the position applied for and it will be necessary for me to fill out a new application for other positions that may be available.

_____ _____

Signature of Applicant Date