



# HUTCHINSON COUNTY

## Application for Employment

Position applied for:

Date:

*Hutchinson County is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the Hutchinson County Auditor.*

APPLICANT INFORMATION				
Last Name:		First Name:		M.I.:
Street Address:			Apt / Unit #:	
City:		State:SD	ZIP:	
Phone:		E-mail:		
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			Date available to start work:	
Are you able to meet attendance requirements?			<input type="radio"/> Yes	<input type="radio"/> No
Do you have any objection to working overtime if necessary?			<input type="radio"/> Yes	<input type="radio"/> No
Can you travel if required for this position?			<input type="radio"/> Yes	<input type="radio"/> No
Have you ever been previously employed by Hutchinson County?			<input type="radio"/> Yes	<input type="radio"/> No
Can you submit proof of legal employment authorization and identity?			<input type="radio"/> Yes	<input type="radio"/> No

SKILLS AND QUALIFICATIONS
Summarize any job related training, skills, licenses, certifications, and/or other qualifications.

EMPLOYMENT HISTORY
Please provide all employment information for your past four employers, starting with your most recent.
Employer: _____ Supervisor: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Position held: _____
Dates employed from: _____ to: _____ Salary: _____
Job summary: _____
Reason for leaving: _____
Employer: _____ Supervisor: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Position held: _____
Dates employed from: _____ to: _____ Salary: _____
Job summary: _____
Reason for leaving: _____

<b>EMPLOYMENT HISTORY (continued)</b>			
Employer:		Supervisor:	
Address:			
City:		State:	ZIP:
Phone:		Position held:	
Dates employed from:		to:	Salary:
Job summary:			
Reason for leaving:			
Employer:		Supervisor:	
Address:			
City:		State:	ZIP:
Phone:		Position held:	
Dates employed from:		to:	Salary:
Job summary:			
Reason for leaving:			

<b>EDUCATIONAL HISTORY</b>			
List school name and location, years completed, course of study and degrees earned.			
High school:	Years:	Study:	Degree:
College:	Years:	Study:	Degree:
Technical training:	Years:	Study:	Degree:
Other:	Years:	Study:	Degree:

<b>PERSONAL REFERENCES</b>		
List three personal reference names, phone numbers, and years known (do not include relatives or employers).		
Name:	Phone:	Years known:
Name:	Phone:	Years known:
Name:	Phone:	Years known:

I hereby authorize Hutchinson County to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Hutchinson County and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Hutchinson County can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of Hutchinson County not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_