

City of BROOKINGS South Dakota

APPLICATION FOR EMPLOYMENT

City Hall/General Government
 PO Box 270
 Brookings, SD 57006-0270
 (605) 697-8668

Brookings Hospital & Brookview Manor
 300 22nd Avenue
 Brookings, SD 57006-2496
 (605) 696-9000

THE CITY OF BROOKINGS IS AN EQUAL OPPORTUNITY EMPLOYER

“Special accommodations for application, testing or job information in alternative formats available upon request”

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions legibly and signed the back of the application. Use blank paper if you do not have enough room on this application. PLEASE PRINT or TYPE, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Title of Position Applied for _____ Today's Date _____

This application is current and active for only the position applied for. A new application is required for each position sought.)

Are you seeking: Full-time Part-time Temporary Summer School Term Only

Last Name	First Name	Middle Name	
Present Street Address	City	State	Zip Code
Telephone Number(s) - Can we contact you at business #? Y __ N__		Social Security Number	
Home	Cell	Business	
E-Mail Address:			

List other name(s) you may have worked under _____

Are you 18 years of age or older? Yes No (If you are hired, you may be required to submit proof of age.)

Males born after December 31, 1959, are required to register with the Selective Service. Are you registered with the Selective Service? Yes No

Check this box if you wish to claim veterans' preference To receive veterans' preference, you must meet the requirements of state law and you must attach your DD214 (separation papers). State law requires residency in South Dakota to be eligible for veterans' preference. Place of residency if different from mailing address: _____

Shift availability, if applicable: ___ day ___ evening ___ night ___ weekends
 Are there any hours or days you cannot work? ___ yes ___ no If yes, specify hours and days _____

If hired, when will you be available for employment? _____

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Names of any relatives currently employed by the City: _____

Have you ever been convicted of a felony? Yes No If yes, give details _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)

EDUCATION AND TRAINING

NAME(S) and ADDRESS OF SCHOOLS	INDICATE YEARS COMPLETED	GED or GRADUATED Yes No	TYPE of DEGREE	COURSE OF STUDY List Major/Minor(s)	Expected Month/Year of Completion
High School(s)	9 10 11 12				
Undergraduate College(s) Dates attended: _____ to _____					
Graduate School(s) Dates attended: _____ to _____					
Technical, Business, Correspondence, etc. Dates attended: _____ to _____					

SPECIAL SKILLS

What machines or equipment can you operate that are related to the job for which you are applying? _____

List all software programs in which you are proficient: _____

Use this space to identify any other educational experiences you have had which are pertinent to this position. Include internships, workshops, seminars, military or vocational training, etc., which are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.) _____

Did you receive credit toward your degree/diploma? Yes No

List any professional or technical associations _____

List any relevant certificates, licenses or registrations you possess or are eligible for. Include expiration dates. _____

How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by FMLA) _____

Have you ever been fired from a job or asked to resign from any position? Yes No

If yes, please explain: _____

Are you presently employed? Yes No If yes, whom do you suggest we contact? _____

Give three (3) personal references, not relatives or former employers.

NAME	ADDRESS	PHONE	Best Time to Contact

For Driving Positions ONLY: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Employer	Position Title
Address	Employed From (mo/yr) / To (mo/yr) / Avg. Hrs. worked per week ___ 1-10 ___ 11-20 ___ 21-30 ___ 31-40
City, State, Zip Code	No. of employees you supervised _____
Telephone	Pay Start \$ Final \$
Supervisor Name	Duties & Responsibilities:
Reason for Leaving:	
Name of Employer	Position Title
Address	Employed From (mo/yr) / To (mo/yr) / Avg. Hrs. worked per week ___ 1-10 ___ 11-20 ___ 21-30 ___ 31-40
City, State, Zip Code	No. of employees you supervised _____
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City, State, Zip Code	No. of employees you supervised _____
Telephone	Pay Start \$ Final \$
Supervisor Name	Duties & Responsibilities:
Reason for Leaving:	

APPLICANT STATEMENT
PLEASE READ AND SIGN BELOW

Please read and initial each of the following statements. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

INITIAL

- ___ I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I further authorize investigation of all statements I have made. Misrepresentations, falsification, or omission of facts called for in this application or in the interview process is cause for cancellation of this application or termination of employment. **Unsigned applications will not be considered.**
- ___ I authorize the City of Brookings, its officers, agents, and employees to conduct a background investigation (including criminal) prior to making a decision regarding employment. I release and hold harmless the City of Brookings, its officers, agents, and employees, and the person providing the information from any liability related to the performance or result of this check.
- ___ If employed, I understand that my employment is for no definite period of time and, if terminated, the City is liable only for wages to cover actual hours worked as of the date of termination.
- ___ I hereby understand and acknowledge that, unless otherwise defined by applicable law, initial and ongoing employment with the City of Brookings is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- ___ I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.
- ___ I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I give my consent to any pre-employment or post-employment health screenings, physical limitations testing, examinations, and/or any other requirements of the City of Brookings if an offer of employment has been given. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. We advise you not to resign or change your current employment status until you are advised that you have successfully completed the health assessment.
- ___ I understand I may be required to successfully pass an alcohol and drug screening examination. I hereby consent to a pre- and/or post-employment alcohol/drug screen as a condition of employment, if required.
- ___ Upon employment, employees will receive compensation through direct deposit to a financial institution. Finally, I understand that this application does not constitute a contract or guarantee employment, or if employed, does not bind either party to a specific period of employment.

Authorization for Reference Requests

- ___ I have applied with the City of Brookings for employment and I desire that they be fully advised of my record with former employers and schools I have attended. I, therefore, give my permission and request that former employers and prior schools attended furnish any and all requested information and records to the City of Brookings on their request for references in regard to the position for which I have applied. In addition, I hereby release all involved parties from any and all liability of damages for requesting or providing the reference information.

Signature _____

Date _____

The City of Brookings considers applicants for all positions without regard to race, color, religion, sex, age, national origin, marital or veteran status, disability, creed, ancestry, political affiliation, or any other legally protected status.
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Pre-Employment Consent and Release Form for Drug and Alcohol Testing and Medical History Information/Examinations

It is the commitment and policy of the City of Brookings to provide a drug and alcohol free workplace for all of its employees. To this end, the City maintains a zero tolerance standard for drugs and alcohol in the workplace. All employees are strictly prohibited from unlawfully using, possessing, manufacturing, distributing, or dispensing any controlled substance or drug paraphernalia at any time on or off the job. Employees are also strictly prohibited from using, possessing, or having a detectable level of alcohol in the body while working, performing job duties while on City premises, or while operating City vehicles, machinery, or equipment. The City of Brookings will comply with provisions outlined in Part VII, Department of Transportation, Federal Highway Administration, 49 CFR for CMV employees. Employee found to be in violation of the City's Drug and Alcohol Free Workplace policy will be subject to disciplinary action up to and including termination of employment with the City.

All applicants for regular full-time employment with the City of Brookings will be required to submit to pre-employment drug and alcohol testing after a job offer is made, but prior to their start date. The applicant must test negative for the presence of prohibited controlled substances and alcohol before he or she will be permitted to begin work for the City. A positive controlled substance test and/or alcohol test will result in withdrawal of the City's job offer, and will disqualify the applicant from City employment for a period of no less than 12 months following the positive test.

The City's Drug and Alcohol Free Workplace Policy also provides that as a condition of employment with the City, all temporary, seasonal, part-time and regular full-time employees must submit to reasonable suspicion and post-accident drug and alcohol testing in accordance with the provisions of the policy. All employees to include full-time, part-time, temporary/seasonal will also be included in a random selection and drug testing process. Any supervisor encountering an employee who refuses to consent to a controlled substance and/or alcohol test when such test is required by the City's Drug and Alcohol Free Workplace Policy will document the reason(s) for the refusal, remove the employee from work and make arrangements to have him or her transported home based upon the reasonable suspicion; remind the employee of the requirements of this policy.

Pursuant to the City of Brookings requirements with regard to pre-employment drug, alcohol, and medical history information/examinations, I, the undersigned, voluntarily submit and consent to testing, completion of medical history questionnaire, and/or medical examinations as a condition of being hired by the City; and that I must successfully complete these requirements, as requested, prior to starting employment with the City. I further understand and consent to a psychological examinations, if required, for specific positions within the police department. I further understand and acknowledge that the City is an equal opportunity employer whose policy is to make employment decisions without regard to physical or mental disability and to make reasonable accommodations for qualified individuals with disabilities, and that the purpose of the medical history questionnaire and examination is to evaluate my physical and/or mental condition to perform the essential functions of the position for which I am applying for employment with the City.

I hereby voluntarily submit and consent to a drug test to be conducted by a third-party drug testing administrator, the completion/submission of a medical history questionnaire, and a medical examination to be conducted, as required, by a licensed physician for the purpose of evaluating my physical and/or mental condition to perform work for the city. I hereby authorize the collection and testing of necessary samples for such drug testing and the release of the results of the testing to a medical review officer and/or the City in accordance with the City's drug and alcohol testing policies. I further authorize the release of the results of the medical examination to the City.

I understand the omission or falsification of information from my medical history or records to the City, the physician performing the medical examination, or the third-party administrator performing the drug testing permitted hereunder, shall be considered grounds for the City to deny my application or withdraw any offer of employment with the City. I further understand that any failure to submit to drug testing or examination, hereunder, or any positive drug test results will constitute grounds for the City to deny my application or withdraw any offer of employment with the City.

I have read this Consent and Release Form and fully understand the above conditions and agree to comply with them.

Applicant's Signature: _____ Date: _____

Printed Applicant Name: _____ Phone#: _____

NOTE: If the applicant is under age 18, signature of parent or legal representative is required.

I declare under penalty of perjury under the laws of the State of South Dakota that I am the parent or legal representative of the above applicant and that I consent to everything written above.

Parent or Legal Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

APPLICANT DATA RECORD

Equal Employment Opportunity and Affirmative Action Statistics

The City of Brookings is an Equal Opportunity Employer. The attached information is required by state and federal regulations for statistical and affirmative action purposes and in no way influences employment prospects. It is separated from your application immediately. This information is maintained confidentially and is not available to any employing agency. Your responses are voluntary.

Name _____ Date

Social Security Number _____ Title of Position Applied for

Sex: _____ (1) Male _____ (2) Female

Age Group:

- _____ (1) Under 18
- _____ (2) 18-22
- _____ (3) 23-29
- _____ (4) 30-39
- _____ (5) 40-49
- _____ (6) 50-59
- _____ (7) 60 or older

Racial/Ethnic Group:

- _____ (1) WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- _____ (2) BLACK (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- _____ (3) HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- _____ (4) AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- _____ (5) ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

Disability:

Do you have a physical or mental impairment which limits one or more of your major life activities (e.g. walking, hearing, speaking, seeing, breathing, learning)? _____ yes _____ no

Applicant Survey (Completion is voluntary)

How did you learn about this position?

- _____ (1) State Job Service Center
- _____ (2) Other City Department
- _____ (3) Present City Employee
- _____ (4) City of Brookings website
- _____ (5) Other website (pls specify _____)
- _____ (6) Newspaper (pls specify _____)
- _____ (7) Other _____

Were you treated courteously when requesting job information about city government? _____ yes _____ no

Was the city job information readily available upon request? _____ yes _____ no

Was the city job information easily understood? _____ yes _____ no

If you answered "no" to any of the above, please explain: _____
