

# WINTER SEASONAL 2023-2024

## 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
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Address: \_\_\_\_\_

	Street/Box	City	State	Zip
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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)
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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. \_\_\_\_\_

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### **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.

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Signature of Applicant

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Date