

# TOWN OF LANGFORD

306 Main Street | P.O. Box 191 | Langford, SD 57454

The Town of Langford is an Equal Opportunity Provider.

## APPLICATION FOR EMPLOYMENT

### Answer all Questions – Please Print

*In Compliance with Federal and State employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion sex, national origin, age, marital status, or the presence of a disability or handicap.*

### GENERAL INFORMATION.

Date of Application: \_\_\_\_\_

Position(s) Applying For: \_\_\_\_\_

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Phone No.: \_\_\_\_\_

Check each type of employment you would accept: ☐ Full-time ☐ Part-time

Have you filed an application or been employed here before? ☐ Yes ☐ No

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. ☐ Yes ☐ No

If your job requires you to travel, do you have a valid driver's license? ☐ Yes ☐ No

Do you possess a valid Commercial Driver's License (CDL)? ☐ Yes ☐ No

Class: \_\_\_\_\_

Endorsements: \_\_\_\_\_

Provide the name, address, and phone number of two (2) references not related to you or a former employer.

1. \_\_\_\_\_

2. \_\_\_\_\_

## EMPLOYMENT EXPERIENCE.

List each job held. Start with your present or last job. Also include any military service assignment(s) and volunteer activity.

### Experience #1:

Dates of Employment:                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Hourly Rate or Salary:                      Start: \_\_\_\_\_                      End: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

### Experience #2:

Dates of Employment:                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Hourly Rate or Salary:                      Start: \_\_\_\_\_                      End: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

### Experience #3:

Dates of Employment:                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Hourly Rate or Salary:                      Start: \_\_\_\_\_                      End: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

*\*\*If you need additional space, please continue onto a separate sheet of paper.*

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? If so, please explain:

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### EDUCATION

	High School	College/University	Graduate/Professional
School Name:			
Highest Year of Completion: (circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Attained:			
Describe Course of Study:			
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:			

## AGREEMENT.

- I certify that the answers given herein are true and complete to the best of my knowledge.
- I authorize the Town of Langford to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connections with my application.
- In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge.
- I understand, also, that I am required to abide by all rules and regulations of the Town, and I understand that no representative of the Town 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.
- Any doctor, hospital, or testing laboratory may conduct medical tests, and I hereby give my consent to having all information released necessary for the Town to determine my abilities to perform job duties now or in the future.
- Passing the pre-employment physical examination, including a drug and alcohol screening test, may be a pre-requisite 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.

## SIGNATURE.

- If employed, I understand that my employment is for no definite period of time, and if terminated the Town is liable only for wages and salary and benefits earned as of the date of termination.
- 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

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### **FOR PERSONNEL DEPARTMENT USE ONLY.**

Updated 3/2019

Arrange Interview?

☐ Yes

☐ No

Date:

\_\_\_\_\_

Time:

\_\_\_\_\_

Remarks:

\_\_\_\_\_

\_\_\_\_\_

Employed:

☐ Yes

☐ No

Date of Employment:

\_\_\_\_\_

Department:

\_\_\_\_\_

Job Title:

\_\_\_\_\_

Hourly Rate or Salary:

\_\_\_\_\_