

Clay County Sheriff Application for Employment

Mailing Address: 15 Washington St * Vermillion, SD 57069 * PH: (605) 677-7100

Date: _____ **Position applied for:** _____

Directions: Please answer each question fully and accurately. No action can be taken on this application until you have answered all questions and signed the back of the application in ink. 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.

Social Security No. _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone (_____) _____ Date available for work: _____

Email Address: _____ Alternate telephone number:(_____) _____

List alias(es), nickname(s), or any other names you may have worked under:

Are you legally eligible for employment in the United States? Yes _____ No _____
(Proof of US Citizenship or immigration status required)

Have you ever been employed by Clay County South Dakota? Yes _____ No _____

Are you related to any county employee or elected official? Yes _____ No _____
If yes, name and relationship? _____

Have you ever applied here before? Yes _____ No _____
If yes, date and position? _____

Do you have a High School Diploma or G.E.D. equivalent? Yes _____ No _____

Are you a Veteran of the U.S. Military? Yes _____ No _____
(If yes, please attach a copy of your DD-214)

Do you currently possess a valid drivers license? Yes _____ No _____
State: _____ No. _____

Are you willing to work overtime if required? Yes _____ No _____

Are you willing to work holidays, overnights, weekends as required for this job? Yes _____ No _____

Are you willing to work alternating shifts as required? Yes _____ No _____

Have you ever been fired from a job or asked to resign? Yes _____ No _____
If yes, please explain: _____

2) Name of Employer _____
Supervisor _____
Address _____
Date (Month/Year) From _____ To _____ Salary/Wage _____
Position _____
Reason for leaving _____
May we contact this employer? Yes No Phone No. _____

3) Name of Employer _____
Supervisor _____
Address _____
Date (Month/Year) From _____ To _____ Salary/Wage _____
Position _____
Reason for leaving _____
May we contact this employer? Yes No Phone No. _____

4) Name of Employer _____
Supervisor _____
Address _____
Date (Month/Year) From _____ To _____ Salary/Wage _____
Position _____
Reason for leaving _____
May we contact this employer? Yes No Phone No. _____

Please summarize your interest in working for the Clay County Sheriff. Additionally, tell us about your special skills, abilities, accomplishments, or military service that you feel most qualify you for the position for which you are applying:

REFERENCES (List 3, not relatives or employers)

<i>Name</i>	<i>Title</i>	<i>Phone</i>	<i>Years Known</i>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

**APPLICANT STATEMENT
PLEASE READ AND SIGN BELOW**

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law; initial and ongoing employment with the Clay County Sheriff 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 relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

I authorize the investigation of any or all statements contained in this application.

I understand that 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.

Finally, I understand that this application does not constitute a contract or guarantee of employment, or if employed, does not bind either party to a specific period of employment.

SIGNATURE: _____ PRINTED NAME: _____

DATE: _____

*****The Clay County Sheriff 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. The Clay County Sheriff is prepared to make reasonable accommodations for applicants with a disability. If called for an interview, please advise the person calling of any accommodations that you may need*****