

APPLICATION FOR SEASONAL EMPLOYMENT

Garretson Community Swimming Pool

CITY OF GARRETSON
705 MAIN AVE
PO BOX 370
GARRETSON, SOUTH DAKOTA 57030

An Equal Opportunity Employer

Position Applying for: _____

Name: _____

Last

First

Middle

Maiden

Address: _____

Street / P.O. Box

City

State

Zip

Telephone: _____

Home

Cell

Work

Date of Birth: _____ Social Security Number: _____

Are you under age 18? Yes No

Are you legally eligible to be employed in the United States? Yes No

Numbers of hours per week for which you are available and willing to work:

5-10 hours/week 11-20 hours/week 21-30 hours/week 31-40 hours/week

When could you begin employment?

Now Beginning on _____

After _____ waiting days notice to current employer

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 18 plus

Please list name of school and degrees completed. Please indicate diploma, GED, or BS/BA:

	Location	Major(s)	Degree/# of credit hours
High School:			
Vocational/Tech School:			
College/University:			
Graduate School:			

Internships: _____

Additional Training (workshops, seminars, apprenticeships, military or other training):

List any relevant licenses or certificates:

Employment

1. Current or Most Recent Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total Years _____ Months _____

Job Title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of Business _____

Employer's Address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reason for Leaving _____

Complete description of duties _____

2. Next Previous Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total Years _____ Months _____

Job Title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of Business _____

Employer's Address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reason for Leaving _____

Complete description of duties _____

3. Next Previous Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total Years _____ Months _____

Job Title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of Business _____

Employer's Address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____

Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40

Reason for Leaving _____

Complete description of duties _____

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, Educational Institutions, 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 one year 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.

Signature of Applicant

Date