Day County Sheriff's Office Application for Employment

PERSONAL INFORMATION

Name: (Last, First, Middle)		
Physical Address:		
Mailing Address:		
Phone #	Email:	
Position(s) Desired:		
Can you perform the essential functions	of the position for which you are applying?	
[]YES []NO If no, please explain:		
If hired, when would you be able to begi	n working?	
Are you legally eligible to be employed	in the United States? [] YES [] NO	
Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment or jail sentence within the last seven years? [] YES [] NO		
If yes, please explain: (marking yes will not necessarily result in the denial of employment)		
Have you ever worked for Day County b	pefore? YES [] NO []	
If yes, list dates of employment and job title:		
Do you have any relatives or friends who work for Day County? YES [] NO []		
If yes, list all persons:		
Are you available to work: DAYS [] NIGHTS [] WEEKENDS [] FULL TIME []		
If you cannot work full- time or if there are days/hours which you are unavailable, please explain:		

Are you presently employed? YES [] NO []	
If yes, may we contact your employer? YES [] NO []	
If presently employed, why are you considering leaving?	

Employment

(List all employment in the last 10 years, starting with most recent employment)

Employer:		Employer Contact #
Address:		
Supervisor's Name & Titl	le:	
Dates Employed		Ending Hourly Wage
Start:	End:	
Work Performed:		.
Reason For Leaving:		

Employer:		Employer Contact #	
Address:			
Supervisor's Nam	ne & Title:		
	Dates Employed	Ending Hourly Wage	
Start:	End:	Ending Houry wage	
Work Performed:			
Danas Faul and			
Reason For Leavi	uig.		
·			
Employer:		Employer Contact #	
		Employer Contact #	
		Employer Contact #	
Address:	ne & Title:	Employer Contact #	
Address:			
Address: Supervisor's Nam	Dates Employed		
Address:		Employer Contact # Ending Hourly Wage	
Address: Supervisor's Nam	Dates Employed		
Address: Supervisor's Nam Start:	Dates Employed End:		
Employer: Address: Supervisor's Nam Start: Work Performed:	Dates Employed End:		
Address: Supervisor's Nam Start: Work Performed:	Dates Employed End:		
Address: Supervisor's Nam Start:	Dates Employed End:		

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Education

	114			
	Name & Location of School	Course of Study	# of years completed	Diploma/Degree Received Y or N
High School				
College				
Trade School				
Graduate Work				
List academic hono	ors, extracurricular activities, offi	ices/positions held:		
	Persona	l References		
Name:		Occupation:		ď
Address:				
Phone #		Email:		
Name:		Occupation:		
Address:		1		
Phone #		Email:		
Name:		Occupation:		

Email:

Address:

Phone #

EXCEPT WHERE CLASSIFICATION IS A BONAFIDE OCCUPATIONAL QUALIFICATION, APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO: RACE, COLOR, AGE, DISABILITY, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, MARITAL STATUS, OR VETERAN STATUS.

PLEASE READ AND SIGN BELOW

I understand that failure to reveal requested information or giving false or misleading information on any part of this application of employment can be grounds for termination from the county. I understand that if I am hired, my employment is "At-Will" and is for no definite time and may be terminated at any time without prior notice.

Signature:	Date:		
Once complete, email this application	to sheriff@daycountysheriff.org or mail the original to:		
Day	County Sheriff's Office		
ATTN: Sheriff Jerred Schreur			
710 W 2 nd Street			
	Webster, SD 57274		
(Do not fill	out anything below this line)		
	Results		
Employed Yes [] No []	Position hired:		
Starting date:	Starting Wage:		
NOTES:			