Day County Sheriff's Office Application for Employment

PERSONAL INFORMATION

Name: (Last, First, Middle)		
Physical Address:	R	
Mailing Address:		
Phone #	Email:	
Position(s) Desired:	Social Security Number: (for background check purposes)	
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 before? 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 & Title:	CIERE?	
Dates I	Employed	Ending Hourly Wage
Start:	End:	15
Work Performed:	C.	
Reason For Leaving:		

Employer:		Employer Contact #
Address:		
Supervisor's Name & Title:		
Dates 1	Employed	Ending Hourly Wage
Start:	End:	
Work Performed:	SHER	
Reason For Leaving:	ST STORE	

Employer:	CIEFE?	Employer Contact #
Address:	EOD.	Sammund
Supervisor's Name & Tit	le:	
Date	es Employed	Ending Hourly Wage
Start:	End:	
Work Performed:		I
Reason For Leaving:		

Education

	Name & Location of School	Course of Study	# of years completed	Diploma/Degree Received Y or N
High School				
College				
Trade School		ZAE.		
Graduate Work	17	E D		
	d special courses, seminars, ar ying YES [] NO [] (if		elp you perform	the position for
List academic hono	ors, extracurricular activities, o	offices/positions held:	R	

Personal References

Name:	Occupation:
Address:	
Phone #	Email:
Name:	Occupation:
Address:	
Phone #	Email:
Name:	Occupation:
Address:	
Phone #	Email:

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

Please be aware that signing below acts as your consent to allow the Day County Sheriff's Office to perform a background check. This background check will include criminal history, credit history, and may include contacting any and all persons whom you have had contact with.

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 <u>sheriff@daycountysheriff.org</u> or mail the original to:

Day County Sheriff's Office

ATTN: Sheriff Jerred Schreur

710 W 2nd Street

Webster, SD 57274

(Do not fill out anything below this line)

Results

Employed Yes [] No []	Position hired:
Starting date:	Starting Wage:

NOTES: