



CITY OF DEADWOOD

102 Sherman Street

Deadwood, SD 57732

Telephone: (605) 578-2600 Fax: (605) 722-0786

www.cityofdeadwood.com

Application for Employment

PLEASE PRINT

PERSONAL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Number: (\_\_\_\_\_) \_\_\_\_\_

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

Position Applying for: \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodations? YES [ ] NO [ ] If no, please explain.

(If you have any questions as to what functions are applicable to the position for which you are applying, please ask.)

\_\_\_\_\_

\_\_\_\_\_

Do you wish to claim veteran's preference? Yes [ ] No [ ]

If yes, DD214 (separation papers) must be attached.

When would you be available to begin work? \_\_\_\_\_

Are you legally eligible to be employed in the United States? YES [ ] NO [ ]

(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [ ] NO [ ]

(If no, you may be required to provide authorization to work.)

Have you been convicted of a felony in the last seven years? YES [ ] NO [ ] If yes, please explain:

(Such conviction may be relevant if job-related, but does not automatically bar you from employment.)

\_\_\_\_\_

Have you previously worked for the City of Deadwood? YES [ ] NO [ ]

If yes, When? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives who work for the City of Deadwood? YES [ ] NO [ ] If yes, who?

\_\_\_\_\_

Are you willing to undergo a pre-employment drug screen? (Failure to pass drug screen may result in job offer being withdrawn.) Yes [ ] No [ ]

Driver's License No./State Which Issued the License

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you available to work: DAYS [ ] NIGHTS [ ] WEEKENDS [ ] FULL TIME [ ] If you cannot work full time, please explain:

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Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

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

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Do you belong to any professional societies or organizations? YES [ ] NO [ ] If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

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## EDUCATION AND TRAINING

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES [ ] NO [ ] If yes, please describe:

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List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

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**EMPLOYMENT** Start with your present or most recent position (Use additional sheet of paper if more space is necessary.)

Name of Employer		Full Address (including Street, City, State & Zip)		
Telephone Number: (    )		Supervisor's Name and Title		
Dates Employed From Month/Day/Year	To Month/Day/ Year	Rate of Beginning Pay:	Final Rate of Pay:	Reason for Leaving
Describe the Work Performed				
_____				
_____				
_____				
Name of Employer		Full Address (including Street, City, State & Zip)		
Telephone Number: (    )		Supervisor's Name and Title		
Dates Employed From Month/Day/Year	To Month/Day/ Year	Rate of Beginning Pay:	Final Rate of Pay:	Reason for Leaving
Describe the Work Performed				
_____				
_____				
_____				
Name of Employer		Full Address (including Street, City, State & Zip)		
Telephone Number: (    )		Supervisor's Name and Title		
Dates Employed From Month/Day/Year	To Month/Day/ Year	Rate of Beginning Pay:	Final Rate of Pay:	Reason for Leaving
Describe the Work Performed				
_____				
_____				
_____				

**REFERENCES** List three individuals who are familiar with your qualifications and are not related to you.

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number (    )
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number (    )
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number (    )

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

**IMPORTANT: PLEASE READ AND SIGN**

I understand that failure to reveal any prior employer or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the City. I understand that if I am hired, my employment is at-will and for no definite time and may be terminated at any time without prior notice. I understand that if the City of Deadwood extends a conditional offer of employment, I may be subject to a background check.

I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE ABOVE, INCLUDING THE "AT WILL" STATUS OF MY EMPLOYMENT

Signed:

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Print Name:

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Date of Signature:

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**THE CITY OF DEADWOOD IS AN  
EQUAL OPPORTUNITY EMPLOYER**