

MARSHALL COUNTY HIGHWAY DEPARTMENT



10844 423RD AVE
BRITTON, SD 57430-9207
(605) 448-2301
Fax: 605-448-0066
mchighway@venturecomm.net

DATE: _____

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For: _____

How Did You Learn About Us? Friend _____ Relative _____ Walk In _____ or Other _____

LAST NAME _____ FIRST NAME _____ MIDDLE _____

ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____ HOME PHONE () _____

SOCIAL SECURITY # _____ E-mail (Optional) _____

-OPTIONAL INFORMATION-

MARITAL STATUS _____ SPOUSE'S NAME _____

SPOUSE'S EMPLOYER _____

-APPLICANTS-

HEIGHT _____ WEIGHT _____ DATE OF BIRTH _____

	YES	NO
Are you 18 years or older?	_____	_____
Have you ever filed an application with us before?	_____	_____
Have you ever been employed with us before? (If yes, give date _____)	_____	_____
Are you currently employed?	_____	_____
May we contact your present employer?	_____	_____
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.)	_____	_____
Are you currently on "lay-off" status and subject to recall?	_____	_____
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant for employment.)	_____	_____
Are you available to work: FULL TIME PART TIME TEMPORARY (please circle one) On what date would you be available for work? _____		

EDUCATION: HIGH SCHOOL

UNDERGRADUATE
COLLEGE/UNIVERSITY

GRADUATE/
PROFESSIONAL

CIRCLE YEARS

COMPLETED 9 10 11 12

1 2 3 4

1 2 3 4

Describe Course of Study _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities _____

Describe any honors you have received _____

State any additional information you feel may be helpful to us in considering your application _____

List professional, trade, business or civic activities and offices held (you may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status)

REFERENCES:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military?

(please circle one)

YES NO

If YES, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? YES NO

If YES, please explain

Do you have any allergies, hearing impairments, etc?

YES NO

Do you currently have a claim against a former employer for injuries from a previous job-related accident or are you currently receiving compensation for a job-related injury or illness.

YES NO

Do you currently have a Commercial Driver's License (CDL)?

YES NO

IN CASE OF EMERGENCY NOTIFY:

NAME _____ ADDRESS _____

PHONE: _____

RELATIONSHIP _____

Give a record of your employment in previous years:

START/ENDING DATES	EMPLOYER	ADDRESS
1. _____	_____	_____

DUTIES: _____

REASON LEFT: _____

START/ENDING DATES	EMPLOYER	ADDRESS
2. _____	_____	_____

DUTIES: _____

REASON LEFT: _____

START/ENDING DATES	EMPLOYER	ADDRESS
3. _____	_____	_____

DUTIES: _____

REASON LEFT: _____

(Use back of page if extra space is needed)

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with proper cause.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____
HIRED: YES NO POSITION _____ SHOP _____
SALARY/WAGE _____ DATE REPORTING TO WORK _____

COMMENTS: _____
