



APPLICATION FOR EMPLOYMENT

CITY OF BRANDON

304 Main Avenue, P.O. Box 95, Brandon, SD 57005

Telephone: (605) 582-6515; FAX: (605) 582-6831

Date of Application: _____

Interested in: Full-time ___ Part-time ___ Summer/Seasonal ___

Position Applying for: _____

Alternative Position (Summer): _____

NOTE: The City of Brandon is an Equal Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, genetic information, marital status, veteran status or disability.

PERSONAL INFORMATION

Last Name:	First Name:	MI:
Street Address:	City/State/Zip:	
Home Phone:	Cell Phone:	
E-Mail Address:	Social Security # (Voluntary):	

EDUCATION

School	Name of School	City / State	Years Complete	Diploma/Degree
Elementary/Middle				
High School				
College				
Other				

OTHER EXPERIENCE, SKILLS and APPRENTICESHIPS (Example: Lifeguard applicants should list and attach copies of certificates.)

REFERENCES

1. Name:	Phone:
Address/C/S/Z:	Relationship:
2. Name:	Phone:
Address/C/S/Z:	Relationship:
3. Name:	Phone:
Address/C/S/Z:	Relationship:

EMPLOYMENT (please list most recent employment first)

Employer:	Address/C/S/Z:
Supervisor:	Contact Information:
Your Job Title:	Responsibilities:
Start Date (MM/YY):	End Date (MM/YY):
Start / End Salary:	Reason for Leaving:

EMPLOYMENT

Employer:	Address/C/S/Z:
Supervisor:	Contact Information:
Your Job Title:	Responsibilities:
Start Date (MM/YY):	End Date (MM/YY):
Start / End Salary:	Reason for Leaving:

EMPLOYMENT

Employer:	Address/C/S/Z:
Supervisor:	Contact Information:
Your Job Title:	Responsibilities:
Start Date (MM/YY):	End Date (MM/YY):
Start / End Salary:	Reason for Leaving:

AUTHORIZATION FOR REFERENCE INFORMATION FROM PREVIOUS EMPLOYERS

I have applied for a position with the City of Brandon, South Dakota, and I desire that they be fully advised of my employment record with former employers. I respectfully request that my former employers furnish all requested information concerning my employment with their organization to the City of Brandon, and I hereby release my former employers from any and all liability of damages from providing the information requested.

Applicant's Signature: _____ Date: _____

AGREEMENT FOR EMPLOYMENT CONSIDERATION

I give my consent to any physical examination, drug testing, or other assessments required by the City of Brandon as a condition of employment.

If employed, I understand that my employment will be for no definite period of time, and that both the City of Brandon and I may terminate the employment at any time. I understand that if my employment is terminated, the City of Brandon is liable only for wages and salary and benefits earned as of the date of termination.

I certify that the information given by me is true and complete to the best of my knowledge and belief. I authorize investigation of all statements I have made. I understand that misrepresentation, falsification, or omission of facts called for in this application or in the interview and hiring process is cause for cancellation of this application or termination of my employment.

Applicant's Signature: _____ Date: _____