

Turner County Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For		Date of Application		
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative		<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend		<input type="checkbox"/> Other _____
Last Name		First Name		Middle Name
Address	Number	Street	City	State
Telephone Number (s)				Zip Code
Social			Security	Number
Best time to contact you at home is..... : _____ AM PM				
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever filed an application with Turner County before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, give date: _____				
Have you ever been employed with Turner County before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, give date: _____				
Do any of your friends or relatives work here? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please give name of relatives. _____				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Proof of citizenship or immigration status will be required upon employment</i>				
Date available for work ____/____/____ What is your desired salary range? _____				
Are you available to work: <input type="checkbox"/> Full Time (please indicate 1 2 3 Shift)				
<input type="checkbox"/> Part Time (please indicate Mornings Afternoon Evenings)				
<input type="checkbox"/> Temporary/Seasonal (please indicate dates available ____/____/____ - ____/____/____)				
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ YES _____ NO

REFERENCES:

1.	()
(Name)	Phone#
(Address)	(City) (State) (Zip Code)
EMAIL:	
2.	()
(Name)	Phone#
(Address)	(City) (State) (Zip Code)
EMAIL:	
3.	()
(Name)	Phone#
(Address)	(City) (State) (Zip Code)
EMAIL:	

APPLICANT’S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

If you wish to claim veteran's preference, please attach the Application for Veterans' Preference form (available at the Auditor's Office) or other suitable evidence of service during qualifying periods.

TURNER COUNTY
400 S. MAIN
PO BOX 370
PARKER SD 57053

TURNER COUNTY VETERANS' PREFERENCE FORM

Please read the instructions on reverse side before completing this form

This form is to be completed and returned, WITH A COPY OF YOUR DD214 ATTACHED, by the application closing date of the position for which you are applying. Claims not accompanied by proper documentation will not be processed. Applications for veterans' preference received after the indicated closing date will not be accepted.

To be completed by applicant (please print).

Position Applied For: _____	Position Closing Date: _____
Name of Veteran: _____	Date of Birth: _____
Name of Applicant: _____ (If different than Veteran)	Date of Birth: _____

1)	Yes No	Are you a U.S. Citizen?
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2)	Yes No	Are you a resident of the State of South Dakota?
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3)	Yes No	Are you a disabled Veteran?
<i>If Yes</i> , what is the percent of disability? _____ % (Attach DD214, Veterans' Claim number, and form FL-802 or equivalent letter from Service Retirement Board.)		

4)	Yes No	Are you a spouse of a deceased Veteran?
<i>If Yes</i> , what is the date of spouse's death? _____		
	Yes No	Have you remarried?
(Attach DD214, marriage certificate and death certificate.)		

5)	Yes No	Are you a spouse of a disabled Veteran?
<i>If Yes</i> , what is the percent of spouse's disability? _____ % (Attach DD214, Veterans' Claim number, and form FL-802 or equivalent letter from Service Retirement Board.)		

Preference Requested:	Veteran	Spouse of Disabled Veteran
	Disabled Veteran	Spouse of Deceased Veteran

I hereby claim Veterans' Preference for this recruitment opportunity and affirm that the information given on this document is true and correct. I also authorize the release of necessary information by the Veterans Administration to the Turner County Auditor's Office.

Signature of Applicant: _____ Date: _____

TURNER COUNTY
400 S. Main, PO Box 370
Parker, SD 57053
605-297-3153 fax-605-297-5556