







\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL INFORMATION

**Other Qualifications:** Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIALIZED SKILLS** (Check Skills / Equipment Operated)

____ Terminal	____ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
____ PC/MAC	____ Word Processing	_____	_____
____ Typewriter	____ Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

**HIGHWAY DEPARTMENT APPLICANTS ONLY: CERTIFICATES, LICENSES, SKILLS**(Check Skills / Equipment Operated)

____ CDL A, or B (Circle if applicable)	____ Patrol	Other licenses/certifications (list):
____ Loader	____ Excavator/Backhoe	_____
____ Snowplow Operator	____ Welding	_____
____ Other Heavy Equipment (list) _____	____ Cutting Torch	_____

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

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**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 HIGHWAY DEPARTMENT  
1070 E. 6<sup>TH</sup> STREET  
PO BOX 549  
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.)		

<b>Preference Requested:</b>	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

## *Instructions for Claiming Veterans' Preference*

Preference is awarded to qualified veterans and spouses of deceased or disabled veterans subject to the provision of SDCL Ch. 3-3. A "qualified" person includes:

Honorably discharged soldiers, sailors, marines, and nurses of the Spanish-American War, Philippine Insurrection or China Relief Expedition, and veterans as that term is defined in § 33-17-1, who are citizens and residents of the state. Such persons shall be preferred for appointment, employment, and promotion. Age, loss of limb, or other physical impairment which does not in fact incapacitate, shall not be deemed to disqualify them, provided they possess the qualifications and business capacity necessary to discharge the duties of the position involved. A veteran disabled due to a service connected cause shall be given a preference over a non-disabled veteran.

The unmarried spouse of a veteran who died while in service, or later died from a service connected cause, is entitled to the preferences given to the veteran in § 3-3-1 provided the spouse possesses the qualifications and business capacity necessary to discharge the duties of the position involved.

The spouse of a veteran disabled due to a service connected cause is entitled, if the disabled veteran is unable to exercise his or her right to a veteran employment preference due to the disability, to the preferences given in § 3-3-1 provided the spouse possesses the qualifications and business capacity necessary to discharge the duties of the position involved.

The information provided will be used to determine your eligibility for veterans' preference.

You are not required to supply this information; however, we cannot award veterans' preference without it.

- 1) Attach a copy of your DD214. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.  
(DD214 "Member-1" Copy will not be accepted)
- 2) Disabled veterans must also supply Form FL-802 or an equivalent letter from a Service Retirement Board.
- 3) Spouses applying for preference must supply their marriage certificate, the veterans' DD214 and FL-802 or a death certificate.

Please contact the Turner County Veterans Service Office at (605-297-3431), if you have any questions regarding veterans' preference.

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