

**LAKE COUNTY:**

**200 East Center**

**Madison SD 57042**

**Application Form (An Equal Opportunity Employer)**

**DATE** \_\_\_\_\_

**PERSONAL INFORMATION**

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY-STATE-ZIP CODE \_\_\_\_\_

**EDUCATION BACKGROUND**

**(circle) YEAR COMPLETED**

**DID YOU GRADUATE?**

HIGH SCHOOL \_\_\_\_\_ 1 2 3 4

YES NO

\_\_\_\_\_

COLLEGE \_\_\_\_\_ 1 2 3 4

YES NO

\_\_\_\_\_

MAJOR COURSE OF STUDY AND DEGREE

GRANTED \_\_\_\_\_

TECHNICAL SCHOOL \_\_\_\_\_ 1 2 3 4

YES NO

\_\_\_\_\_

MAJOR COURSE OF STUDY AND DEGREE

GRANTED \_\_\_\_\_

POST GRADUATE COURSES \_\_\_\_\_ 1 2 3 4

YES NO

\_\_\_\_\_

MAJOR COURSE OF STUDY AND DEGREE

GRANTED \_\_\_\_\_

**RELATED CAREER EDUCATION**

**(ADDITIONAL COURSES, TRADE SCHOOLS, SEMINARS ETC)**

**BRIEFLY DESCRIBE COURSES, LENGTH OF PROGRAM AND WHEN COMPLETED:**

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

**PREVIOUS EMPLOYMENT (List most recent position first)**

**CURRENT OR MOST RECENT POSITION**

NAME OF EMPLOYER (company or firm) \_\_\_\_\_ Phone # \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

DATE HIRED \_\_\_\_\_ DATE TERMINATED \_\_\_\_\_ FINAL SALARY \_\_\_\_\_

POSITION TITLE \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**PREVIOUS POSITION**

NAME OF EMPLOYER (company or firm) \_\_\_\_\_ Phone # \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

DATE HIRED \_\_\_\_\_ DATE TERMINATED \_\_\_\_\_ FINAL SALARY \_\_\_\_\_

POSITION TITLE \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**PREVIOUS POSITION**

NAME OF EMPLOYER (company or firm) \_\_\_\_\_ Phone # \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

DATE HIRED \_\_\_\_\_ DATE TERMINATED \_\_\_\_\_ FINAL SALARY \_\_\_\_\_

POSITION TITLE \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**EMPLOYMENT REFERENCES**

List 3 previous supervisors or co-workers whom we can immediately contact:

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

Former or current relationship to you \_\_\_\_\_

Current Company Name \_\_\_\_\_ City, State \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

Former or current relationship to you \_\_\_\_\_

Current Company Name \_\_\_\_\_ City, State \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
Former or current relationship to you \_\_\_\_\_  
Current Company Name \_\_\_\_\_ City, State \_\_\_\_\_

**PLACEMENT INFORMATION**

TYPE OF POSITION DESIRED \_\_\_\_\_

SALARY EXPECTED TO START \$ \_\_\_\_\_ PER HOUR-MONTH-YEAR (CIRCLE ONE)

Earliest date available \_\_\_\_\_ Status desired: full-time part-time either (circle one)

Related technical skills (list only skills or licenses pertinent to position applying for)

**GENERAL INFORMATION**

Please describe the skills and aptitudes that you feel qualify you for a position with us. (You may wish to include activities and positions held in civic, community and school organizations, professional societies, special training and skills.) Organizations listed that would reveal race, ethnic or any other protected status need not be listed.

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

Have you ever been convicted of a crime? If yes, please explain. Include date, place and nature of crime. Convictions will not necessarily disqualify an applicant. Yes \_\_\_\_\_ No \_\_\_\_\_

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

Are you a veteran as defined by SDCL § 33A-2-1? Yes \_\_\_\_\_ No \_\_\_\_\_

**ACKNOWLEDGEMENT**

The information provided on this application is accurate to the best of my knowledge and subject to verification. I understand that proof of U.S. permanent residency or authorization to work in the U.S. may be required upon employment. I understand that I must answer truthfully all the questions on this application. I also understand that if I do not, I may be refused employment or separated if I am a current employee.

If employment results from this application, I understand that additional personal data will be required to determine if I am eligible for benefits and for statistical/government reporting purposes.

I understand and acknowledge that prior to and/or during employment, I may be required to submit to medical testing for alcohol and/or illicit and/or controlled substances, and I hereby consent to such testing.

I authorize all previous employers and listed references to furnish whatever information they may have regarding my employment and my reason for leaving. And I release my prior employers from all liability for any damage resulting from the information provided.

I understand that a background investigation may be conducted.

I understand that if I am not bondable by a surety company, I may not be offered employment.

I understand that employment with Lake County is consistent with the policies contained within the Lake County Employee Handbook, which nothing contained therein, shall be construed as a contract between employer and employee. The handbook is designed to be a guide only.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_