

Return to:  
City of Hartford  
125 North Main Avenue  
Hartford, SD 57033

**Position applied for:** \_\_\_\_\_

Application for Employment  
City of Hartford, South Dakota

ALL APPLICANTS  
ARE SUBJECT TO  
DRUG SCREENING  
PRIOR TO HIRE.

Equal Employment Opportunity Statement  
The City of Hartford does not discriminate on the  
basis of race, color, national origin, sex, religion, age or  
disability in employment or the provision of services.

(Special accommodations for application and/or testing or job information in alternative formats available upon request.)

Name: \_\_\_\_\_ Over 18 Yes \_\_\_ No \_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please answer all questions. Statements are subject to verification.**

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, please give details: \_\_\_\_\_

*Criminal convictions are not an absolute bar to employment, but will only be considered in relation to specific job requirements.*

Have you ever been employed by the City of Hartford? Yes \_\_\_ No \_\_\_

Department \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

Shift available: Days \_\_\_ Evenings \_\_\_ Nights \_\_\_ Weekends \_\_\_ Any Hours \_\_\_

Number of hours: Full-Time Only \_\_\_ Part-Time Only \_\_\_ Either \_\_\_

**Education and Training**

| Name of School and Location           | Years completed circle<br>Or write in answer | Graduated?<br>Circle answer | Major |
|---------------------------------------|--|-----------------------------|-------|
| High School<br>City                   | 9 10 11 12                                   | GED<br>yes no               |       |
| College or University<br>City         | 1 2 3 4                                      | yes no                      |       |
| Graduate School<br>City               |  | yes no                      |       |
| Business or Vocational School<br>City |  | yes no                      |       |

(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Are you legally eligible for employment in this country? Yes \_\_\_\_\_ No \_\_\_\_\_

Licenses or certificates:

Professional License: \_\_\_\_\_ Licensing Board: \_\_\_\_\_

Do you have a driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

If no, do you have a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a commercial driver's license (CDL)? Yes \_\_\_\_\_ No \_\_\_\_\_ License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

## EMPLOYMENT RECORD

Please list the most recent position first. Account for all time periods by recording all of your activities, such as employment, military service, volunteering, schooling, and periods of unemployment. Use additional paper if necessary. Be sure you answer all questions. (Current employer will be contacted only with your consent.) Be complete! You will be screened using the information you provide. *A resume can be attached.*

1. Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Responsibilities: \_\_\_\_\_  
From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
Were you required to have a CDL? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Responsibilities: \_\_\_\_\_  
From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
Were you required to have a CDL? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Responsibilities: \_\_\_\_\_  
From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
Were you required to have a CDL? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Responsibilities: \_\_\_\_\_  
From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
Were you required to have a CDL? Yes \_\_\_\_\_ No \_\_\_\_\_

**PRE-EMPLOYMENT AGREEMENT**

**(Please read these carefully and sign.)**

I understand and agree that:

1. If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated.
2. The City has my authorization to thoroughly investigate my work, medical, and personal history that is job-related. I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.
3. In consideration of my employment, I agree to conform to the rules and regulations of the City and I understand that no representative of the City has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.
4. Any doctor, hospital, or testing laboratory may conduct medical tests and I hereby give my consent to having all information released necessary for the City to determine my abilities to perform job duties now or in the future.
5. Passing the pre-employment physical examination, including a drug and alcohol screening test is a pre-requisite for qualifying for employment. If a job offer is made, I understand it is conditioned on this requirement. Failure to provide accurate medical information will be considered grounds for dismissal.
6. Any costs incurred by the City in conjunction with employment shall be reimbursed to the City if employment is not fulfilled.
7. City ordinance requires all full-time employees to reside within 10 miles of the city limits within six months of employment.
8. The City is an equal opportunity employer. The City does not discriminate and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.
9. If employed, I understand that my employment is for no definite period of time, and if terminated the City is liable only for wages and salary and benefits earned as of the date of termination.
10. I understand that an appointment shall not be deemed complete until a probation period of 180 days has elapsed as a new employee or a 90 day probation period for a promotion transfer.
11. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.
12. This application is current and active for only the position applied for, and it will be necessary for me to fill out a new application for other positions that may be available.

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Signature of applicant

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date

**AUTHORIZATION FOR REFERENCE AND BACKGROUND REQUESTS**

I have applied with the City of Hartford for employment and I desire that they be fully advised of my records from previous employers for the past two years which pertain to required drug and alcohol testing. I, therefore, respectfully request that you furnish the requested information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

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Signature of applicant

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date