

City of Vermillion Application For Employment

Law Enforcement/Telecommunications



25 Center St., Vermillion SD 57069

Phone: (605) 677-7050 Website: www.vermillion.us/

Directions: Please answer each question fully and accurately. No action will be taken on this application until you have answered all questions and signed the back of the application in ink. Resumes and cover letters are not substitutes for the information requested on this application. If the question does not apply to you, write N/A. If more space is needed attached a separate sheet with the referenced question. DO NOT MISSTATE OR OMIT material fact since the statements made herein are subject to confirmation to determine qualifications for employment. Please visit http://dci.sd.gov/let for more information on training and minimum standards.

PERSONAL INFORMATION	N			
Position Applied For:		Social Security #:		
Last Name:		First: Middle:		Middle:
Street Address:		City, State, Zip Code:		
Home Phone:		Cell Phone:		
E-Mail:		Date of Birth:		
List alias(es), nickname(s), or any other	er names you may have wo	rked under:		
US Citizen: Yes No	If No, please provide na	nturalized citizen Cer	tificate Number:	
Check this box if you wish to claim ve (To receive veterans' preference, you must meet				
EDUCATION				
School	City/State/Zip	Years Completed	Degree or Diploma	Major

OTHER EXPERIENCES, SKILLS, INTERNSHIPS (that apply to this position)				
VEHICLE OPERATOR	A'S LICENSE			
License Type	Place of Issue	Date of Expiration		Restrictions
GENERAL INFORMAT	TION			
Are you at least 21 years of age	re you at least 21 years of age?		Yes	No
Are you a Certified Police Officer?		Yes	No	
Have you ever had your driver's license, in any state suspended or revoked?			Yes	No
If Yes, please explain:				
Have you ever had your law enforcement certification suspended, revoked or voluntarily surrendered in South Dakota or any other state?			Yes	No
If Yes, please explain:				
Have you ever voluntarily surrendered any professional/occupational certification or license or have you ever had any professional/occupation certification or license suspended or revoked?			Yes	No
If Yes, please explain:				
Have you ever been arrested or detained by a law enforcement agency?			Yes	No
If Yes, please explain:				
Have you ever been convicted	of a felony?		Yes	No
If Yes, please explain:				
Typing Speed (WPM):				
How did you hear about this po	osition?			

1) Employer:	Address:
Supervisor:	Phone:
Start Date:	End Date:
Starting Salary:	Ending Salary:
Reason(s) for leaving:	May we contact this Employer:
	Yes No
2) Employer:	Address:
Supervisor:	Phone:
Start Date:	End Date:
Starting Salary:	Ending Salary:
Reason(s) for leaving:	
3) Employer:	Address:
Supervisor:	Phone:
Start Date:	End Date:
Starting Salary:	Ending Salary:
Reason(s) for leaving:	
4) Employer:	Address:
Supervisor:	Phone:
Start Date:	End Date:
Starting Salary:	Ending Salary:

REFERENCES (not related to you)	
1) Name:	Occupation:
Relationship:	Phone:
Years Known:	Address:
2) Name:	Occupation:
Relationship:	Phone:
Years Known:	Address:
3) Name:	Occupation:
Relationship:	Phone:
Years Known:	Address:

APPLICANT STATEMENT

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

I authorize the City of Vermillion, its officers, agents and employees to conduct a background investigation (including criminal) prior to making a decision regarding employment. I release and hold harmless the City of Vermillion, its officers, agents, and employees, and the person providing the information from any liability related to the performance or result of this check.

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

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current or past employer, an organizations to provide relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended a conditional offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I give my consent to any pre-employment or post-employment health screenings, physical limitations testing, examinations, and/or any other requirements of the City of Vermillion. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. We advise you not to resign or change your current employment status until you are advised that you have successfully completed the health assessment. I understand that I may be required to successfully pass an alcohol and drug screening examination. I hereby consent to a pre and/or post-employment alcohol/drug screen as a condition of employment, if required.

Finally, I understand that this application does not constitute a contract or guarantee of employment, or if employed, does not bind either party to a specific period of employment.

Authorization for Reference Requests

I have applied with the City of Vermillion for employment and I desire that they be fully advised of my record with former employers and schools I have attended. I, therefore, give my permission and request that former employers and prior schools attended furnish any and all requested information and records to the City of Vermillion on their request for references in regard to the position for which I have applied. In addition, I hereby release all involved parties from any and all liability of damages for requesting or providing the reference information.

Signature. Date.	Signature:	Date:	
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