

# HYDE COUNTY EMPLOYMENT APPLICATION

**Instructions:** Complete Section One and attach resume and/or complete remainder of application. Application must be postmarked within 24 hours after the closing date. You must submit a separate application for each job opening. For job information, contact the Hyde County Auditor's Office at (605) 852-2519 or email questions at hydeaud@venturecomm.net. You may submit your application by mail, to Hyde County Auditor, 412 Commercial Ave. SE, Highmore South Dakota 57345 or fax it to (605) 852-3178. It is the applicant's responsibility to maintain an updated and accurate address on file with the Auditor's Office. **We will not resend or forward returned correspondence.**

## SECTION 1 – REQUIRED INFORMATION

Job Title _____			
Social Security Number _____	Name _____		
	Last	First	Middle
Mailing Address _____			
Street/Avenue, Box, Apartment, Lot, or Trailer	City	State	Zip+4
			E-mail Address _____
Telephone (H) _____	(W) _____	Are you under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a U.S. citizen or currently authorized to work in the United States on a full-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Note:</b> Hyde County does not sponsor or assist persons in their efforts to become authorized to work in the United States.			
Have you ever been convicted of or pled guilty or nolo contendere/no contest to any felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain: _____			
<b>Note:</b> A conviction will not automatically disqualify an applicant. The employer will consider the type and seriousness of the crime, the frequency of violations, the applicant's age at the time of conviction, and the date of conviction or time elapsed since the conviction or completion of any jail sentence in addition to other job-related criteria.			
Have you ever been employed by Hyde County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Veterans:</b> To receive veteran's preference, you must submit your DD-214 and current VA disability certification (if applicable). If you are eligible you will automatically receive veteran's preference.			
List place of residence if different from mailing address: _____			
To receive disability preference, you must be certified by a state Rehabilitation Counselor and have a form on file with the Auditor's Office.			
May we contact your current employer regarding your qualifications prior to making an offer of employment to you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>PROFESSIONAL REFERENCES – PLEASE INCLUDE NAME, ADDRESS, AND TELEPHONE NUMBER:</b>			
1. _____			
2. _____			
3. _____			
<b>By submitting this application, you are certifying that the information is true, correct, and complete to the best of your knowledge and belief. A false or misleading statement or intentional omission of relevant information is cause for disciplinary action, including termination of employment.</b>			

## SECTION 2 – EDUCATION

If all requested information is included on an attached resume, you do not need to complete this section.

Do you possess a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Name/City/State _____
Name and Address of Post-Secondary School _____	
Dates Attended _____ to _____	Major _____ Minor _____
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of degree _____
Name and Address of Post-Secondary School _____	
Dates Attended _____ to _____	Major _____ Minor _____
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of degree _____
List all relevant licenses, certificates or registrations you possess (include expiration date, license number, and issuing state). Also, identify any other educational experiences that may be relevant to the position for which you are applying.	

**SECTION 3 – WORK HISTORY**

- If all requested information is included on an attached resume, you do not need to complete this section.
- Begin with your current or most recent position and work backwards; attach additional pages if necessary.
- Include all paid experience; you may include non-paid experience if you feel it may be pertinent to this position..

Job Title \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Final Salary \_\_\_\_\_

Duties performed and knowledge or skills gained from this experience

Job Title \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Final Salary \_\_\_\_\_

Duties performed and knowledge or skills gained from this experience

Job Title \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Final Salary \_\_\_\_\_

Duties performed and knowledge or skills gained from this experience

Job Title \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Final Salary \_\_\_\_\_

Duties performed and knowledge or skills gained from this experience

APPLICANT'S STATEMENT

I understand and agree that any misrepresentation by me in this application will be sufficient cause for rejection of this application and/or termination of employment if I am hereafter employed by Hyde County. Furthermore, if I am hired, I understand that I am free to resign at any time, and that the County has authority to make any representations or assurances to the contrary. I acknowledge and agree that any changes in such employment relationship must be in writing and signed by an authorized representative of Hyde County.

I understand that if you make an offer of employment to me it may be a conditional offer of employment and I may be required to submit to a pre-employment medical exam and to provide information in response to your medical inquiries, the results of which might disqualify me from employment. If requested, I agree to furnish such information and to submit to such examinations.

I understand that I may be requested to submit to a test to detect the current illegal use of drugs and, if the test results identify that I am a current illegal user of drugs, I will not be eligible for employment by Hyde County. I further understand that I have the right to refuse to submit to such tests or to consent to such tests of my own free will.

I authorize Hyde County to make a thorough investigation of my past employment, education and job-related activities. To the extent permitted by law, I release Hyde County from any liability which might result from making such investigation and I also release from any liability all persons and entities supplying such information.

I acknowledge that Hyde County is an equal opportunity employer and that Hyde County does not discriminate in employment. I understand that no question on this application is used for the purpose of limited of excluding Hyde County's consideration of me for employment on a basis prohibited by federal, state or local law, nor is it used by Hyde County for the purpose of attempting to obtain information prohibited by federal, state or local law.

I understand that Hyde County will consider this application to contain current information for a period of only sixty (60) days. At the expiration of sixty (60) days, if I have not heard from Hyde County and if I still desire to be considered for employment, I understand that it will be necessary for me to complete a new application.

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Signature

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Date