

# TOWN OF NEWELL, SOUTH DAKOTA

PO BOX 405 Newell, SD 57760

Phone: (605)456-2737 Fax: (605)456-9820

E-mail: newell@sdplains.com

## APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** All job applicants must complete the following form before being employed. Please print in ink or type all answers. Photocopies are acceptable. You are welcome to attach a résumé.

### "Equal Opportunity Employer"

It is the policy of the Town of Newell to affirmatively recruit, hire, train and promote the most qualified persons into all job levels without regard to race, color, religion, national origin, sex, or disability, and to recruit for disabled veterans, and veterans of the Vietnam Era.

**AMERICANS WITH DISABILITIES ACT COMPLIANCE:** The Town of Newell fully subscribes to the provisions of the Americans with Disabilities Act and will attempt in its employment process to make any reasonable accommodations necessary to assist qualified persons with disabilities.

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I further understand that, if hired, my employment is at-will and can be terminated at any time, with or without notice, for any reason. I also understand that, while personnel policies, programs, and procedures may change from time to time, such at-will status is not subject to change without a written agreement signed by an authorized representative of the Town of Newell.

### PERSONAL

PLEASE PRINT

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI Social Security Number

Current Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Are you legally authorized to work in the United States? Yes \_\_\_ No \_\_\_

If the position requires driving, do you have a valid driver's license? Yes \_\_\_ No \_\_\_

If yes, please list your driver's license number. State: \_\_\_\_\_ Number: \_\_\_\_\_

If the position requires a commercial driver's license, do you have a commercial driver's license?

Yes \_\_\_ No \_\_\_ Class: A B C Endorsements: \_\_\_\_\_

In accordance with the Federal Department of Transportation and the policy of the Town of Newell, the Town of Newell conducts urine drug screening for pre-employment and at prescribed times for safety-sensitive positions. If you refuse testing or test positive (evidence of drug usage), your offer of employment will be withdrawn. The Town of Newell also complies with the Drug-Free Workplace Act of 1988 in the Town's employment practices and policies.

If you wish to claim veterans' preference, please attach DD Form 214 or other suitable evidence of service during qualifying periods.

*The Town of Newell is an equal opportunity provider and employer.*

*"If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.appr.usda.gov/complaint\\_filing\\_page.asp](http://www.appr.usda.gov/complaint_filing_page.asp), or at any USDA office, or call (366) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program\\_intake@usda.gov](mailto:program_intake@usda.gov)"*

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**EDUCATION/TRAINING**

Do you have a high school diploma or GED?      Yes \_\_\_\_\_      No \_\_\_\_\_

Please circle highest year of education completed: 8 9 10 11 12 13 14 15 16 17 18 19 20

Please list high school, college or vocational institution attended; first to last attended.

Name/Address	Major	Degree Received

Please list any other training that may be applicable to your skills and abilities as a job applicant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check any equipment or machinery you are trained and qualified to operate.

\_\_\_\_\_ Mainframe Computer                      \_\_\_\_\_ Personal Computer

Software Used: Please specify. \_\_\_\_\_

\_\_\_\_\_ Typewriter                                      \_\_\_\_\_ Calculator                                      \_\_\_\_\_ Dictating equipment

\_\_\_\_\_ Power Tools, Vehicles, Trucks, Heavy Equipment: Please specify. \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Please list any special skills you may have that may be applicable to your consideration as a job applicant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**WORK HISTORY**

Have you ever worked for the Town of Newell? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state last position held and period of employment. Position Title: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Start with your present or most recent employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disability or other protected status.

Are you willing to have your present or most recent employer contacted regarding qualifications?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

1	Company Name	Telephone (    )
	Address                      Street                      City                      State                      Zip	Employed (State Month/Year) From                      To
	Name of Supervisor                      Supervisor's Title	Salary or Hourly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone (    )
	Address                      Street                      City                      State                      Zip	Employed (State Month/Year) From                      To
	Name of Supervisor                      Supervisor's Title	Salary or Hourly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone (    )
	Address                      Street                      City                      State                      Zip	Employed (State Month/Year) From                      To
	Name of Supervisor                      Supervisor's Title	Salary or Hourly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving
4	Company Name	Telephone (    )
	Address                      Street                      City                      State                      Zip	Employed (State Month/Year) From                      To
	Name of Supervisor                      Supervisor's Title	Salary or Hourly Pay Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

(You may attach additional sheets as needed.)

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**REFERENCES (other than listed on page 3)**

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ (daytime hours)

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ (daytime hours)

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Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ (daytime hours)

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Are you at least age 18?      Yes \_\_\_\_\_      No \_\_\_\_\_      If no, what is your age? \_\_\_\_\_

**BACKGROUND INFORMATION:** The Town of Newell conducts background checks for all employees. If you are 18 years of age or older, or are under 18 but have been convicted of a crime in adult court, please complete this section.

Have you been convicted in a court of law?      Yes \_\_\_\_\_      No \_\_\_\_\_

List below any violations, other than minor traffic offenses, for which you were convicted. **One or more convictions will not necessarily disqualify you from employment with the Town of Newell.** The decision will be based on a number of factors such as the duties of the job for which you are being considered, the seriousness of the offense of which you were convicted, your age at the time of the offense, rehabilitation efforts, the recency of the offense, etc. Please be complete. All information is subject to verification. Failure to disclose convictions may result in disqualification.

OFFENSE	PLACE	DATE	DISPOSITION (Sentence)
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**AUTHORIZATION FOR RELEASE OF INFORMATION**

As a part of the Town of Newell employment process, we may be checking your background relative to job and personal references, criminal record, and social services record. In order to do that, we must have your authorization.

The undersigned hereby authorizes any state department of social services, any police department, and the Newell Human Resources Department, to obtain and/or release any and all information regarding the social services, work, credit, DOT mandated drug/alcohol testing if applicable, or criminal history of the undersigned applicant for consideration for employment by the Town of Newell. The undersigned also understands that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from employment.

**LEGAL NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

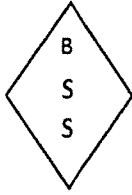
\_\_\_\_\_  
Date

Revised 10/06

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# BSS BACKGROUND SCREENING SERVICES



P.O. Box 871 ~ Belle Fourche, SD 57717  
PH: 605-723-8740 FAX: 888-241-4265

Email: info@DSSDrugScreeningServices.com  
Website: www.DSSDrugScreeningServicesofSD.com

## BACKGROUND INQUIRY RELEASE

In connection with my application for employment/residency/volunteerism, I understand that an investigative background inquiry is to be made on myself, including, but not limited to, identity and prior address verification, criminal history, driving record, consumer credit history, education verification, prior employment verification and other references, as well as other information. I, further understand that for the purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various Federal, State, County, municipal, corporate, private and other agencies, which may maintain records concerning my past activities relating to my criminal conduct, civil court litigation, driving record, and credit performance, as well as various other experiences. I, hereby authorize without reservation any company, agency, party or other source contacted to furnish the information as requested. I do hereby release, discharge and indemnify the prospective employer/landlord/organization, its agents and associates, to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expenses arising from the retrieving and reporting of the requested information. I understand that by providing inaccurate information or by omitting information, it may be considered as falsified information. I am willing and acknowledge that a photocopy of this authorization be accepted with the same authority as the original and this signed release remains in effect while employed/residing/volunteering with the described company or otherwise expires one (1) year after the date of origination.

Company Name: City of Newell Newell SD 605-456-2737

Check Search Requested:  MVR  NATIONAL CRIMINAL  SD STATEWIDE  WY STATEWIDE  
 CO STATEWIDE  DE STATEWIDE  PACKAGE (NATIONAL CRIMINAL AND SD STATEWIDE)

### Applicant's Full Legal Name:

First: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

List Any Alias Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List any other states you have resided in: \_\_\_\_\_

Driver's License/ID: \_\_\_\_\_ State: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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