



## APPLICATION FOR EMPLOYMENT

City Hall  
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 Volga, SD 57071  
 Phone (605) 627-9113 Fax (605) 627-5865  
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### THE CITY OF VOLGA IS AN EQUAL OPPORTUNITY EMPLOYER

“Special accommodations for application, testing or job information in alternative formats available upon request”

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions legibly and signed the back of the application. Use blank paper if you do not have enough room on this application. PLEASE PRINT or TYPE, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Title of Position Applied for _____	Today's Date _____
This application is current and active for only the position applied for. A new application is required for each position sought.)	

Are you seeking: Full-time  Part-time  Temporary  Summer  School Term Only

Last Name	First Name	Middle Name	
Present Street Address	City	State	Zip Code
Telephone Number(s) - Can we contact you at business #? Y N		Social Security Number	
Home	Cell Business		
E-Mail Address: _____			

List other name(s) you may have worked under \_\_\_\_\_

Are you 18 years of age or older? Yes  No  (If you are hired, you may be required to submit proof of age.)

Males born after December 31, 1959, are required to register with the Selective Service. Are you registered with the Selective Service? Yes  No

Check this box if you wish to claim veterans' preference  To receive veterans' preference, you must meet the requirements of state law and you must attach your DD214 (separation papers). State law requires residency in South Dakota to be eligible for veterans' preference. Place of residency if different from mailing address: \_\_\_\_\_

Shift availability, if applicable: \_\_\_\_\_ day \_\_\_\_\_ evening \_\_\_\_\_ night \_\_\_\_\_ weekends  
 Are there any hours or days you cannot work? \_\_\_\_\_yes \_\_\_\_\_no If yes, specify hours and days \_\_\_\_\_

If hired, when will you be available for employment? \_\_\_\_\_

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? Yes  No  If yes, when? \_\_\_\_\_

Names of any relatives currently employed by the City: \_\_\_\_\_

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

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)



## WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of Employer	Position Title
Address	Employed From (mo/yr) / To (mo/yr) / Avg. Hrs. worked per week 1-10 11-20 21-30 31-40
City, State, Zip Code	No. of employees you supervised _____
Telephone	Pay Start \$ Final \$
Supervisor Name	Duties & Responsibilities:
Reason for Leaving:	
Name of Employer	Position Title
Address	Employed From (mo/yr) / To (mo/yr) / Avg. Hrs. worked per week 1-10 11-20 21-30 31-40
City, State, Zip Code	No. of employees you supervised _____
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Supervisor Name	Duties & Responsibilities:
Reason for Leaving:	

***APPLICANT STATEMENT***  
**PLEASE READ AND SIGN BELOW**

*Please read and initial each of the following statements.* Your initials and signature verify that you have read, understand, and agree to abide by these statements.

***INITIAL***

- \_\_\_ 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. Unsigned applications will not be considered.
- \_\_\_ I authorize the City of Volga, 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 Volga, its officers, agents, and employees, and the person providing the information from any liability related to the performance or result of this check.
- \_\_\_ If employed, I understand that my employment is for no definite period of time and, if terminated, the City is liable only for wages to cover actual hours worked as of the date of termination.
- \_\_\_ I hereby understand and acknowledge that, unless otherwise defined by applicable law, initial and ongoing employment with the City of Volga 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 "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- \_\_\_ I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions 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 an 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 Volga if an offer of employment has been given. 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 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.
- \_\_\_ Upon employment, employees will receive compensation through direct deposit to a financial institution. Finally, I understand that this application does not constitute a contract or guarantee 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 Volga 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 Volga 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 \_\_\_\_\_

The City of Volga considers applicants for all positions without regard to race, color, religion, sex, age, national origin, marital or veteran status, disability, creed, ancestry, political affiliation, or any other legally protected status.

## **Pre-Employment Consent and Release Form for Drug and Alcohol Testing and Medical History Information/Examinations**

It is the commitment and policy of the City of Volga to provide a drug and alcohol free workplace for all of its employees. To this end, the City maintains a zero tolerance standard for drugs and alcohol in the workplace. All employees are strictly prohibited from unlawfully using, possessing, manufacturing, distributing, or dispensing any controlled substance or drug paraphernalia at any time on or off the job. Employees are also strictly prohibited from using, possessing, or having a detectable level of alcohol in the body while working, performing job duties while on City premises, or while operating City vehicles, machinery, or equipment. The City of Volga will comply with provisions outlined in Part VII, Department of Transportation, Federal Highway Administration, 49 CFR for CMV employees. Any employee found to be in violation of the City's Drug and Alcohol Free Workplace policy will be subject to disciplinary action up to and including termination of employment with the City.

All applicants for regular full-time employment with the City of Volga will be required to submit to pre-employment drug and alcohol testing after a job offer is made, but prior to their start date. The applicant must test negative for the presence of prohibited controlled substances and alcohol before he or she will be permitted to begin work for the City. A positive controlled substance test and/or alcohol test will result in withdrawal of the City's job offer, and will disqualify the applicant from City employment for a period of no less than 12 months following the positive test.

The City's Drug and Alcohol Free Workplace Policy also provides that as a condition of employment with the City, all temporary, seasonal, part-time and regular full-time employees must submit to reasonable suspicion and post-accident drug and alcohol testing in accordance with the provisions of the policy. All employees to include full-time, part-time, temporary/seasonal will also be included in a random selection and drug testing process. Any supervisor encountering an employee who refuses to consent to a controlled substance and/or alcohol test when such test is required by the City's Drug and Alcohol Free Workplace Policy will document the reason(s) for the refusal, remove the employee from work and make arrangements to have him or her transported home based upon the reasonable suspicion; remind the employee of the requirements of this policy.

Pursuant to the City of Volga requirements with regard to pre-employment drug, alcohol, and medical history information/examinations, I, the undersigned, voluntarily submit and consent to testing, completion of medical history questionnaire, and/or medical examinations as a condition of being hired by the City; and that I must successfully complete these requirements, as requested, prior to starting employment with the City. I further understand and consent to a psychological evaluation and polygraph testing, if required, for specific positions within the police department. I further understand and acknowledge that the

City is an equal opportunity employer whose policy is to make employment decisions without regard to physical or mental disability and to make reasonable accommodations for qualified individuals with disabilities, and that the purpose of the medical history questionnaire and examination is to evaluate my physical and/or mental condition to perform the essential functions of the position for which I am applying for employment with the City.

I hereby voluntarily submit and consent to a drug test to be conducted by a third-party drug testing administrator, the completion/submission of a medical history questionnaire, and a medical examination to be conducted, as required, by a licensed physician for the purpose of evaluating my physical and/or mental condition to perform work for the city. I hereby authorize the collection and testing of necessary samples for such drug testing and the release of the results of the testing to a medical review officer and/or the City in

accordance with the City's drug and alcohol testing policies. I further authorize the release of the results of the medical examination to the City.

I understand the omission or falsification of information from my medical history or records to the City, the physician performing the medical examination, or the third-party administrator performing the drug testing permitted hereunder, shall be considered grounds for the City to deny my application or withdraw any offer of employment with the City. I further understand that any failure to submit to drug testing or examination, hereunder, or any positive drug test results will constitute grounds for the City to deny my application or withdraw any offer of employment with the City.

I have read this Consent and Release Form and fully understand the above conditions and agree to comply with them.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Applicant Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

NOTE: If the applicant is under age 18, signature of parent or legal representative is required.

I declare under penalty of perjury under the laws of the State of South Dakota that I am the parent or legal representative of the above applicant and that I consent to everything written above.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_