

**APPLICATION FOR SEASONAL EMPLOYMENT
CITY OF MILLER, SOUTH DAKOTA**

The City of Miller is an equal opportunity employer.

Instructions

1. Carefully read the entire application before writing your answers.
2. Write your answers in your own handwriting in ink.

POSITION APPLIED FOR _____

NAME: _____

LAST

FIRST

MIDDLE

ADDRESS: _____

STREET, NUMBER, OR RFD

CITY

COUNTY

STATE ZIP

SOCIAL SECURITY NUMBER _____ TELEPHONE NUMBER _____

EMAIL ADDRESS _____

ARE YOU UNDER 18? YES () NO () If so, what is your age? _____

WILL YOU BE 18 YEARS OF AGE OR OLDER BY MAY 15TH OR FIRST DAY OF
EMPLOYMENT? YES () NO ()

EDUCATION AND TRAINING

LAST SCHOOLING BEGINNING WITH MOST RECENT (COLLEGE, HIGH SCHOOL,
VOCATIONAL SCHOOL, ETC.)

NAME AND ADDRESS OF SCHOOL _____

MAJOR OR COURSE _____ MINOR _____

DID YOU GRADUATE? _____

NAME AND ADDRESS OF SCHOOL _____

MAJOR OR COURSE _____ MINOR _____

DID YOU GRADUATE? _____

USE SEPARATE LIST FOR ADDITIONAL LISTINGS

LIST JOB SKILLS, EXPERIENCES OR CERTIFICATES PERTINENT TO THIS JOB

CIRCLE TYPE OF WORK YOU WILL ACCEPT: PERMANENT TEMPORARY

SUMMER PART-TIME

ARE YOU WILLING TO HAVE YOUR PRESENT OR MOST RECENT EMPLOYER CONTACTED?
YES () NO ()

DATE AVAILABLE TO START _____

DO YOU HAVE A VALID DRIVER'S LICENSE? (IF JOB REQUIRES) YES () NO ()

COMMERCIAL DRIVER'S LICENSE? YES () NO ()

BEGIN WITH YOUR PRESENT OR LAST WORK – COMPLETE FULLY, ESPECIALLY THE DESCRIPTION OF DUTIES, RESPONSIBILITIES, AND NUMBER YOU SUPERVISED. PLEASE INCLUDE VOLUNTEER WORK.

EMPLOYED FROM _____ TO _____ TOTAL YEARS _____ MONTHS _____

POSITION HELD _____ STARTING SALARY _____

LAST SALARY _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

STREET _____ CITY _____ STATE _____ ZIP _____

DESCRIPTION OF DUTIES _____

EMPLOYED FROM _____ TO _____ TOTAL YEARS _____ MONTHS _____

POSITION HELD _____ STARTING SALARY _____

LAST SALARY _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

STREET _____ CITY _____ STATE _____ ZIP _____

DESCRIPTION OF DUTIES _____

USE A SEPARTE SHEET FOR ADDITIONAL LISTING

CERTIFICATION OF APPLICANT

I hereby certify that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief.

DATE: _____

SIGNATURE OF APPLICANT