

# CITY OF HURON

Part-time/Summer Employment Application

**Finance Office**  
 239 Wisconsin Ave SW  
 PO Box 1369  
 Huron, SD 57350  
 (605) 353-8505

<b>APPLICANT INFORMATION</b>					
Last Name	First	M.I.	Date		
Street Address			Apartment/Unit #		
City	State	ZIP			
Phone	E-mail Address				
Date Available					
Position Applied for					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Are you under age 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Do you have a valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	License Number:		
<b>EDUCATION</b>					
High School		Address			
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
<b>REFERENCES</b> <i>(please list three professional references)</i>					
Full Name			Relationship		
Company			Phone (    )		
Address					
City		State		ZIP	
Full Name			Relationship		
Company			Phone (    )		
Address					
City		State		ZIP	
Full Name			Relationship		
Company			Phone (    )		
Address					
City		State		ZIP	

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>DISCLAIMER AND SIGNATURE</b>	
<p>I hereby certify that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations. I am aware that all statements on this application are subject to investigation and verification. I understand that any withholding of information, misrepresentation or falsification of statements on this application or on city medical forms could result in rejection for employment, or if employed, termination from the city at any time.</p> <p>I authorize and release from liability all employers, persons, schools, law enforcement agencies and other organizations named in this application to provide information requested by the City of Huron in its processing of this application.</p> <p>I also understand that nothing in this application or in the granting of an interview is intended to create an employment contract. I have received no promise regarding employment and I understand that no such promise or guarantee is binding on the City of Huron. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Huron has a similar right.</p> <p><b>YOU MUST SIGN THIS APPLICATION – UNSIGNED APPLICATIONS MAY BE DISQUALIFIED.</b></p>	
Signature	Date

**CITY OF HURON  
PERMISSION TO RESEARCH  
DRIVING HISTORY, SEXUAL OFFENDER REGISTRY & CRIMINAL BACKGROUND**

I, (print name) \_\_\_\_\_, do hereby authorize a review of and full disclosure of vehicle operator license status, driving history records, sexual offender registry and criminal history records concerning myself to any duly authorized agent of the City of Huron whether the said records are public, private or confidential. This driving record review, sexual offender registry and criminal background review will be conducted by the City Police Department.

The intent of this authorization is to give my consent for full and complete disclosure of my vehicle operator license status and driving history. I understand that any information obtained during the investigation of my vehicle operator license status and driving history records, which is developed directly or indirectly, in whole or in part upon this release authorization, may be considered in determining my suitability for employ by the City of Huron.

The intent of this authorization is to give my consent for full and complete investigation of my criminal history records. I understand that any information obtained during the investigation of my criminal history records, which is developed directly or indirectly, in whole or in part upon this release authorization, may be considered in determining my suitability for employ by the City of Huron.

If this position involves working with or around minor children, then the intent of this authorization is to give my consent for investigation of any pertinent history that may be shown in the county and state sexual offender registry.

If this position requires the operation of a vehicle controlled by Commercial Drivers License (CDL) regulations, I hereby authorize full disclosure of my previous drug and alcohol testing results from past employers where I participated in a federally mandated drug and alcohol testing program controlled by the US Dept. of Transportation, Federal Highway Administration. This permission includes the right for the City of Huron Drug/Alcohol Program Manager to discuss my drug and alcohol testing history with representatives of previous employers – as permitted by federal regulations. Any information discussed related to Federal Motor Carrier Controlled Substances and Alcohol Use and Testing regulations will be held as confidential information for the use of the City Drug/Alcohol Program Manager.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information. I do hereby release said person(s) from any and all liability that may be incurred as a result of furnishing such information.

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

**Witness to applicant signature:**

**If applicant is 17 years of age or under, then a parent or legal guardian must witness the applicant's signature.**

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

Printed name of witness / parent / legal guardian: \_\_\_\_\_