

CITY OF HURON

Part-time/Summer Employment Application

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

APPLICANT INFORMATION					
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:		
EDUCATION					
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
REFERENCES <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	

PREVIOUS EMPLOYMENT			
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"/>			

DISCLAIMER AND SIGNATURE	
<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>YOU MUST SIGN THIS APPLICATION – UNSIGNED APPLICATIONS MAY BE DISQUALIFIED.</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: _____

City of Huron
Certification of Applicant Physical Fitness/Capability to Work as a
Full-Time, Part-Time or Seasonal Employee

For purposes of this policy only, (a) Full-Time Employee is defined as a person employed by the city for 2080 hours or more in a calendar year, (b) Part-Time Employee is a person employed by the city on a schedule of 1040 hours or less per calendar year. and (c) Seasonal Employee is a person employed by the city for a fixed period not to exceed four (4) consecutive months which may be extended for an additional four (4) months but in no case shall exceed 1040 hours per calendar year.

In lieu of a pre-employment physical, previous full time employees applying for a full time position, applicants for a part-time position and applicants for seasonal employment are required, prior to commencing work if hired, to review the job description for the position in which the applicant seeks to work and certify that he/she

- (1) has reviewed the job description of the position for which he/she is applying, and
- (2) is physically capable of doing all of the "Essential Duties and Responsibilities" of the position and can meet the "Physical Demands" for the position as well as the other requirements of the job as identified on the job description.

Exception: The City, in its discretion, may require the applicant/employee to take an employment physical. If so required, the cost of the pre-employment physical shall be paid by the City.

All Applicants Certify:

I am applying for a *Full-Time* (____), *Part-Time* (____), or *Seasonal* (____) position.

I am (____), am not (____) a *Previous employee*.

I declare to the City of Huron that I have reviewed the job description and am (____), am not (____) physically capable of doing all of the essential duties and responsibilities, the physical demands and other requirements for the job listed below.

Job Title

Applicant signature

Date

File: "Certification of Physical Fitness to Work"

Approved: 9-8-08

City of Huron Job Description

Employer: City of Huron

Department: Engineering

Supervised by: City Engineer, Asst. City Engineer, and Engineering Technician.

Position Title: Part-Time Engineering Department Assistant

Rate of Pay: 8.00-\$9.00 per hour depending on qualifications and experience.

Background Investigation(s): Driving History.

Position Classification: This is a Part-Time position. The employee(s) in this position will work less than 1040 hours in the calendar year with no guarantee of hours per day, per week or per month. Employee will be paid at the overtime rate (time and a half) for hours worked after forty (40) hours worked in one work week. Employee is not eligible to accumulate or use comp time.

Essential Duties and Responsibilities:

1. Assist Engineering Department staff with any work in the department. Participate in all aspects of field survey work including driving survey stakes (blue topping, curbs, etc,) locating property corners, running survey level and surveying rod, and handling the prism for the total station.
2. Follow instructions provided by the engineering department crew leader.
3. Communicate any unsafe conditions or accidents / injuries in a timely manner to supervisor in order to facilitate prompt correction or reporting.
4. Complete daily log and keep accurate records of work accomplished.
5. Attend training, seminars, and workshops deemed necessary.
6. Perform work in a manner consistent with safe practices and policies.
7. Operate various equipment to include photocopier, telephone, fax machine, computer, calculator, surveying equipment, etc.
8. Required to wear and/or use safety equipment required and/or provided.
8. Perform other such duties and functions as deemed necessary and assigned by supervisor.

Minimum Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and or ability required.

Hours of work:

Hours of work are normally 8:00 a.m. to 5:00 p.m. Monday through Friday. Projects may routinely require work before or after normal work hours and on Saturdays.

Equipment Operation:

May assist in the operation of a surveying level and total station. Will operate a variety of hand and small power tools. Will drive a city light wheeled vehicle.

Education and Experience:

1. Applicant must be able to learn and understand the basics of land surveying.
2. Ability to demonstrate agility and ability to work in all types of weather.

Language Skills:

1. English language skills required.
2. Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals.
3. Ability to effectively present information to customers and coworkers of the organization.

Mathematical Skills:

1. Ability to use basic math skills.

Reasoning Ability:

1. Ability to apply common sense understanding to carry out detailed but uninvolved written or verbal instructions.

Certificates and Licenses and Examinations:

1. Valid SD vehicle driver's license.
2. Successful completion of written tests and/or verbal interviews.
3. Other such examinations as deemed appropriate and necessary by the City.

Physical Demands:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. While performing the duties of this job, the employee is regularly required to use hands to finger, handle, or feel and is regularly required to communicate.
2. The employee frequently is required to stand, walk, sit, and reach with hands and arms.
3. The employee is occasionally required to climb or balance and stoop, kneel, crouch, or crawl.
4. The employee must frequently lift and/or move up to 50 pounds. Moving carts are available for employees to use to move some materials.

Work Environment:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. The noise level in the work environment is usually moderate.
2. The employee is occasionally exposed to fumes and/or airborne particles.
3. The employee is occasionally exposed to hazardous situations like working near or in roadways around traffic.
4. The employee must be prepared to work inside and outside. Outside weather and working conditions must be dealt with on a daily basis.

Date Approved

Department Head

Commissioner in Charge

Nothing in this job description restricts management's right to assign or reassign duties and responsibilities to this job at any time.

Employee Sign Off:

The employee is expected to adhere to all City of Huron policies and to act as a role model in the adherence to city policies.

I have read and understand this expectation and job description.

Employee Signature: _____

Date: _____