

CITY OF VOLGA, SOUTH DAKOTA  
226 Kasan Avenue, PO Box 217  
Volga, South Dakota 57071-0217

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 resume.

“Equal Opportunity Employer”

It is the policy of the City of Volga 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 City of Volga 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 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 City of Volga.

PERSONAL

PLEASE PRINT

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

NAME:

\_\_\_\_\_  
Last First MI Soc. Sec. Number

\_\_\_\_\_  
Current Street 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 City of Volga, the City of Volga 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 If you refuse testing or test positive (evidence of drug usage), your offer of employment will be withdrawn.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 City of Volga also complies with the Drug-Free Workplace Act of 1988 in the City'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.

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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

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 City of Volga? 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 \_\_\_\_\_

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 _____

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 _____

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 _____