



## EMPLOYMENT APPLICATION OAHE CHILD DEVELOPMENT CENTER

2307 E Capitol Ave  
PIERRE, SD 57501

### INSTRUCTIONS:

1. PRINT LEGIBLY OR TYPE: This application is part of the examination process. Late and/or incomplete application will be rejected.
2. Complete a separate application for each position applied for. Make sure proper job title appears on each application.
3. Complete all pages of the application form. All applications must have an original signature and must be dated.
4. Applicants must meet all qualifications for classification by the final due date. An incomplete application may be grounds for rejection. An applicant may be required to submit additional proof of qualifications and verification of education and training.

NAME \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ / \_\_\_\_\_  
HOME OFFICE

POSITION APPLYING FOR: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES( ) NO( )

### EDUCATION AND TRAINING

LAST GRADE COMPLETED - \_\_\_\_\_

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

NAME& ADDRESS OF SCHOOL \_\_\_\_\_

TOTAL HOURS \_\_\_\_\_ DEGREE \_\_\_\_\_

MAJOR/COURSE \_\_\_\_\_ MINOR(S) \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_

=====

NAME& ADDRESS OF SCHOOL \_\_\_\_\_

HOURS \_\_\_\_\_ DEGREE \_\_\_\_\_

MAJOR/COURSE \_\_\_\_\_ MINOR(S) \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_

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NAME & ADDRESS OF SCHOOL \_\_\_\_\_

HOURS \_\_\_\_\_ DEGREE \_\_\_\_\_

MAJOR/COURSE \_\_\_\_\_ MINOR(S) \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_

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**LIST NAMES, ADDRESSES, AND PHONE # OF THREE (3) PREVIOUS SUPERVISORS AS REFERENCES**

Supervisor 1: \_\_\_\_\_

Supervisor 2: \_\_\_\_\_

Supervisor 3: \_\_\_\_\_

LIST SKILLS OR EXPERIENCE PERTINENT TO THIS JOB \_\_\_\_\_

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LIST ANY CERTIFICATIONS OR LICENSES \_\_\_\_\_

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

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**APPLICANTS LIST THE LAST TWO PLACES OF EMPLOYMENT ALONG WITH SUPERVISOR OR CONTACT PERSON'S NAME. AGENCY'S EVALUATION OF QUALIFICATIONS AND SUITABILITY FOR EMPLOYMENT INCLUDES AGENCY CONTACTING THESE EMPLOYMENT REFERENCES.**

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_ TITLE \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

TOTAL YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_

=====

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REASON FOR LEAVING \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_ TITLE \_\_\_\_\_

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EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

IMMEDIATE SUPERVISOR \_\_\_\_\_ TITLE \_\_\_\_\_

DESCRIPTION OF DUTIES \_\_\_\_\_

TOTAL YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_

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**Certification of Applicant**

I, the undersigned, understand that all information provided herein is subject to verification, and is true to the best of my knowledge and ability.

**NOTE: References will be contacted.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**OUR PROGRAM COMPLIES WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964.**

**Employment with this Agency is on an "at-will" basis, meaning that employment terms can be terminated by either party, employer or employee, for any reason not expressly prohibited by law.**