



EMPLOYMENT APPLICATION OAHE CHILD DEVELOPMENT CENTER

P.O. BOX 907
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? _____

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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 _____

LIST ANY CERTIFICATIONS OR LICENSES _____

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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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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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.