



Print Last Name: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

### CITY OF TEA

600 E. 1st St. - PO Box 128 - Tea, SD 57064  
 Telephone: (605) 498-5191 Fax: (605) 498-5665

**NOTE:** The City of Tea is an Equal Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status or disability.

Date of Application: \_\_\_\_\_

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

### PERSONAL INFORMATION

Last Name:	First:	MI:
Street Address:	City/State/Zip:	
Home Phone:	Cell Phone:	
E-Mail:		

### EDUCATION

Grades	School Name	City / State	Years Completed	Diploma / Degree
Elementary / Middle				
High School				
College				
Other				

### OTHER EXPERIENCE, SKILLS, APPRENTICESHIPS (Life guard applicants list and include copies of certificates.)


### REFERENCES

1. Name	Phone:
Address/City/State/Zip:	Relationship:
2. Name	Phone:
Address/City/State/Zip:	Relationship:
3. Name	Phone:
Address/City/State/Zip:	Relationship:

**Note:** Applications will be considered active for 90 days, however incomplete and/or unsigned applications will not be considered.

EMPLOYMENT		
Employer:	Address/City/State/Zip:	
Supervisor:	Contact Information:	
Your Job Title:	Responsibilities:	
Start Date (MM/YY):	End Date (MM/YY):	
Starting Salary:	Ending Salary:	Reason For Leaving:

EMPLOYMENT		
Employer:	Address/City/State/Zip:	
Supervisor:	Contact Information:	
Your Job Title:	Responsibilities:	
Start Date (MM/YY):	End Date (MM/YY):	
Starting Salary:	Ending Salary:	Reason For Leaving:

EMPLOYMENT		
Employer:	Address/City/State/Zip:	
Supervisor:	Contact Information:	
Your Job Title:	Responsibilities:	
Start Date (MM/YY):	End Date (MM/YY):	
Starting Salary:	Ending Salary:	Reason For Leaving:

AUTHORIZATION FOR REFERENCE INFORMATION FROM PREVIOUS EMPLOYERS:	
<p>I have applied for a position with the City of Tea, South Dakota, and I desire that they be fully advised of my employment record with former employers. I respectfully request that my former employers furnish all requested information concerning my employment with their organization to the City of Tea, and I hereby release my former employers from any and all liability of damages from providing the information requested.</p>	
Applicant's Signature: _____	Date: _____

AUTHORIZATION FOR REFERENCE INFORMATION FROM PREVIOUS EMPLOYERS:	
<p>I give my consent to any physical examination, drug testing, or other assessments required by the City of Tea as a condition of employment.</p>	
<p>If employed, I understand that my employment will be for no definite period of time, and that both the City of Tea and I may terminate employment at any time. I understand that if my employment is terminated, the City of Tea is liable only for wages and salary benefits earned as of the date of termination.</p>	
<p>I certify that the information given by me is true and complete to the best of my knowledge and belief. I authorize investigation of all statements I have made. I understand that misrepresentation, falsification, or omission of facts called for in this application or in the interview and hiring process is cause for cancellation of this application or termination of my employment.</p>	
Applicant's Signature: _____	Date: _____

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