

APPLICATION FOR EMPLOYMENT



HUMAN SERVICE AGENCY

123 19th St NE, PO Box 1030
 Watertown, SD 57201
 (605) 886-0123
 Fax: (605) 884-3537

www.humanserviceagency.org

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) Applying For:		Date of Application:	
Employment at HSA is contingent on successful completion of a drug test.			
Last Name	Middle Initial	First Name	Preferred Name
Street Address/PO Box		City	State Zip
Telephone Number(s)		Email Address	
Best time to contact you is: _____			

Are you at least 18 years of age? (As required under ARSD rules for employment in our agency):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? Are you willing to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before? (If yes, give date/job title/location _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your friends or relatives work here? (If yes, give name/relationship/location _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible to be employed in the United States? (Proof will be required upon employment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (The nature of work may require working with vulnerable individuals and driving company vehicles. A conviction may not result in the denial of employment.) (If yes, please explain _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you fluent in another language besides English? (If Yes, what languages? _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you referred here? (If yes, give name _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have ever been employed under another name, please list: _____		
Are you willing to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Overnights <input type="checkbox"/> Any		
How did you learn about us? <input type="checkbox"/> Ad <input type="checkbox"/> Friend <input type="checkbox"/> Walk In <input type="checkbox"/> Career Center <input type="checkbox"/> Relative <input type="checkbox"/> HSA Website		

EDUCATION

	Name/Address of School	Diploma/Degree	Course of Study	Years Completed
High School/GED				
Undergraduate School				
Graduate School				
Other (Specify)				

LICENSE/CERTIFICATION

Name of Certification License	Date Obtained	Expiration	State

Have you ever had your license revoked or voluntarily relinquished your license? Yes No

Resume Attached

EMPLOYMENT

(Start with your current or most recent job. Include any job-related military service, volunteer, or internship experience.)

Employer		Dates Employed Start Date End Date		Work Performed
Address				
Telephone Number		Hourly Rate/Salary Starting Ending		
Job Title	Supervisor			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Number of Hours		Reason for Leaving

Employer		Dates Employed Start Date End Date		Work Performed
Address				
Telephone Number		Hourly Rate/Salary Starting Ending		
Job Title	Supervisor			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Number of Hours		Reason for Leaving

Employer		Dates Employed Start Date End Date		Work Performed
Address				
Telephone Number		Hourly Rate/Salary Starting Ending		
Job Title	Supervisor			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Number of Hours		Reason for Leaving

PROFESSIONAL REFERENCES

Name		Occupation
Years Known	Email Address	Phone Number
Name		Occupation
Years Known	Email Address	Phone Number
Name		Occupation
Years Known	Email Address	Phone Number

Any additional information you feel may be helpful to us in considering your application?

Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize HSA permission to conduct a background check that they believe necessary for my employment with HSA. This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at-will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. **The Human Service Agency conducts a criminal background check for any applicants working with vulnerable adults and/or children.***

In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of this employer.

Signature of Applicant

Date