

STATE OF SOUTH DAKOTA SEASONAL/TEMPORARY APPLICATION

MAC Users: Please complete the form using Adobe Reader. Save the blank application to your computer. Open Adobe Reader. Open the application (file->Open). This form is to be used only when applying for seasonal/temporary positions. Applications for permanent positions must be completed online at bhr.sd.gov/workforus/seasonal.aspx. A separate application must be submitted for each location. Photocopies are acceptable. Unless otherwise indicated, send completed application to the address listed on the job announcement.

Seasonal/Temporary Job ID Number (if applicable): _____	
Department: _____	Location: _____
Position Title(s): _____ _____	

Last Name/First Name: _____ SSN: _____

Mailing Address: _____
(Box #, Street, Apt., City, State, Zip) Phone: _____

Current Address: _____
(Box #, Street, Apt., City, State, Zip) Phone: _____

Email Address: _____

Are you a U.S. citizen or currently authorized to work in the United States on a full-time basis? Yes No

Note: The State of South Dakota does not sponsor or assist persons in their efforts to become authorized to work in the United States.

Have you ever been convicted of or pled guilty or nolo contendere/no contest to any felony? Yes No

If yes, please explain:

Note: A conviction will not automatically disqualify an applicant. The employer will consider the type and seriousness of the crime, the frequency of violations, the applicant's age at the time of conviction, and the date of conviction or time elapsed since the conviction or completion of any jail sentence in addition to other job-related criteria.

Have you ever been employed by the State of South Dakota? Yes No

Please check either yes (Y) or no (N) for each question:

Are you under 18? (Y N) Do you have a valid driver's license? (Y N) Commercial Driver's License? (Y N)

Driver's license number: _____

Earliest date you can begin work (mo/day) _____ Through last working day (mo/day) _____

May we contact your current employer regarding your qualifications prior to making an offer of employment to you? Yes No
PROFESSIONAL REFERENCES – PLEASE INCLUDE NAME, ADDRESS, AND TELEPHONE NUMBER:

EDUCATION

Check the last year of education completed: (For high school diploma or GED, check '12.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus

Do you possess a high school diploma or GED? Yes No

Name and Address of Post-Secondary School _____

Dates Attended _____ to _____ Major _____ Minor _____

Did you graduate? Yes No Type of degree _____

List all relevant licenses, certificates or registrations you possess (include expiration date, license number, and issuing state). Also, identify any other educational experiences that may be relevant to the position for which you are applying.

Duty/Specialized Military Training:

SECTION 3 – WORK HISTORY

- If all requested information is included on an attached resume, you do not need to complete this section. Begin with your current or most recent position and work backwards; attach additional pages if necessary. DO NOT skip any employment.
- Include all paid experience; you may include non-paid experience if you believe it may be pertinent to this position.
- Include military and volunteer experience.

Job Title		Dates: From		To	
Employer		City/State			
Supervisor's Name/Title		Phone			
Reason for Leaving		Final Salary			
Duties performed and knowledge or skills gained from this experience					

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Employer		City/State			
Supervisor's Name/Title		Phone			
Reason for Leaving		Final Salary			
Duties performed and knowledge or skills gained from this experience					

If applicable complete this section.

Equipment (check level of skill):

Office Equipment (check level of skill):

	Some experience	Skilled	Maintain/ Repair		Some experience	Skilled
Farm Tractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Typewriter	<input type="checkbox"/>	<input type="checkbox"/>
Tractors w/ Front End Loaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Computers	<input type="checkbox"/>	<input type="checkbox"/>
Trucks w/2 Speed Axle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calculator	<input type="checkbox"/>	<input type="checkbox"/>
Power Hand Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cash Till	<input type="checkbox"/>	<input type="checkbox"/>
Sprayers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handling Money	<input type="checkbox"/>	<input type="checkbox"/>
Riding Lawn Mowers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Video Camera	<input type="checkbox"/>	<input type="checkbox"/>
ATV's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Bulldozer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Road Maintainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Boat w/ Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

By submitting this application, you are certifying that the information is true, correct, and complete to the best of your knowledge and belief.