

# Lawrence County

## Application for Employment

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

(Please Print)

Position(s) Applied For		Date of Application		
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative		<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend		<input type="checkbox"/> Other _____
Last Name	First Name		Middle Name	
Address	Number	Street	City	State
				Zip Code
Telephone Number (s)		Social	Security	Number
Best time to contact you at home is.....				AM PM
If you are under 18 years of age, can you provide required proof of your eligibility to work? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with Lawrence County before? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date: _____				
Have you ever been employed with Lawrence County before? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date: _____				
Do any of your friends or relatives work here? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please give name of relatives. _____				
Are you currently employed? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Proof of citizenship or immigration status will be required upon employment</i>				
Date available for work ____/____/____		What is your desired salary range? _____		
Are you available to work: <input type="checkbox"/> Full Time (please indicate 1 2 3 Shift)				
<input type="checkbox"/> Part Time (please indicate Mornings Afternoon Evenings)				
<input type="checkbox"/> Temporary/Seasonal (please indicate dates available ____/____/____ - ____/____/____)				
Are you currently on "lay-off" status and subject to recall? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER







**REFERENCES:****1.**

( )

(Name)

Phone#

(Address)

(City)

(State)

(Zip Code)

EMAIL:

**2.**

( )

(Name)

Phone#

(Address)

(City)

(State)

(Zip Code)

EMAIL:

**3.**

( )

(Name)

Phone#

(Address)

(City)

(State)

(Zip Code)

EMAIL:

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 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 such change is specifically acknowledged in writing by an authorized executive of this organization.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**If you wish to claim veteran's preference, please attach the Application for Veterans' Preference form (available at the Auditor's Office) or other suitable evidence of service during qualifying periods.**

LAWRENCE COUNTY  
90 SHERMAN STREET  
DEADWOOD SD 57732