

MINNEHAHA COUNTY
Emergency Management
 608 Sigler Ave
 Sioux Falls, SD 57104
 605-367-4290
 605-367-4345 Fax

POSITION APPLIED FOR:

Volunteer Application

NAME: _____
FIRST
MIDDLE
LAST

ADDRESS: _____
STREET/PO BOX
CITY
STATE
ZIP

CONTACT: _____
HOME PHONE
BUSINESS PHONE
CELL/MESSAGE PHONE
EMAIL ADDRESS

Please answer all questions. Answers are subject to verification.

Are you under the age of 21? Yes No Are you related to a Minnehaha County employee? Yes No

Have you ever worked for Minnehaha County in the past? Yes No If yes, what dates? _____

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

Have you ever been convicted of or pled guilty or nolo contendere/no contest to any crime for which a court appearance was required?
 Omit any traffic offenses for which no court appearance was required. Yes No

Are you required to register as a sex offender? Yes No

If yes to either of the above, please explain: _____

Note: A conviction will not automatically disqualify a candidate. Minnehaha County will consider the type and seriousness of the crime, the frequency of violations, the date of the conviction or time elapsed since the conviction and completion of any jail sentence, and other job-related criteria.

High School Graduate or possess a GED? Yes No

EDUCATION	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	DATES OF ATTENDANCE	DID YOU GRADUATE?
COLLEGE / UNIVERSITY				
BUSINESS / TRADE / CORRESPONDENCE				
GRADUATE SCHOOL				

List special qualifications, training or other experience relevant to the position for which you are applying. Include items such as licenses, special courses, work training programs military training workshops, seminars, skills with machines, public speaking, memberships in professional societies, keyboard skills/speed, etc.

EQUAL EMPLOYMENT OPPORTUNITY

Minnehaha County is an Equal Opportunity Employer. It does not discriminate on the basis of race, color, creed, religion, national origin, citizenship, ancestry, gender, pregnancy, marital status, sexual orientation, age, disability, veteran's status, genetic information, or any other protected group in accordance with state and federal law. Arrangements for accommodations required by disabilities can be made by contacting Human Resources at (605) 367-4337.

Employment History: Resume accepted in lieu of this section if requested information is provided.

★ Start with your current or last job - include armed forces service and self-employment.

May we contact your current employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
1. Employer		Telephone Number		Supervisor's Name	
Type of Business		Address			
Your Job Title		Dates Employed From: _____ To: _____		Average Hours Worked Per Week	
Duties:					
		Reason for Leaving			
2. Employer		Telephone Number		Supervisor's Name	
Type of Business		Address			
Your Job Title		Dates Employed From: _____ To: _____		Average Hours Worked Per Week	
Duties:					
		Reason for Leaving			
3. Employer		Telephone Number		Supervisor's Name	
Type of Business		Address			
Your Job Title		Dates Employed From: _____ To: _____		Average Hours Worked Per Week	
Duties:					
		Reason for Leaving			

PROFESSIONAL REFERENCES: Name / Title / Address / Phone

1 _____

2 _____

3 _____

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that the misrepresentation, falsification, or omission of facts in this application is cause for cancellation of this application or termination of volunteer opportunities. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information on this application. I understand this completed application is the property of Minnehaha County and will not be returned. I authorize Minnehaha County to contact prior employers or other references. I understand that I must notify Emergency Management of any changes in my name, address or phone number. I understand that this does not constitute a contract of employment.

Signature

Date

VOLUNTARY INFORMATION

VETERANS' PREFERENCE INFORMATION

Completion of the Veterans' Preference section below is made on a voluntary basis. Veterans, as defined in state law, who are citizens and residents of the state, where all qualifications are equal, shall be given preference for appointment. A DD-214 or current VA disability certification (if applicable) must be submitted with this application.

Check if applicable: _____ Veteran _____ Disabled Veteran _____ Vietnam Era Veteran

Dates of service: From: ____/____/____ To: ____/____/____

Branch: _____ Discharge: _____

EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION STATISTICS

Minnehaha County is an Equal Opportunity Employer. While you are not required to do so, we are requesting that you complete the following questions to help us measure our effectiveness in meeting our EEO obligations. This is a voluntary act on your part and will not, in any way, harm or assist you with your relationship with the County. This questionnaire is removed from your application before it is evaluated. The data collected will remain in our files but will not be used in any way other than statistical reporting. Thank you for helping us evaluate our recruitment and selection procedures.

Name: _____ Date: _____

Position applied for: _____

Please indicate your age group: _____ Sex: _____ Male _____ Female

- _____ Under 18
- _____ 18-29
- _____ 30-39
- _____ 40-49
- _____ 50 or older

Race/Ethnic Group:

- | | |
|--|----------------|
| _____ American Indian - Alaskan Native | _____ Hispanic |
| _____ Asian - Pacific Islander | _____ White |
| _____ Black | _____ Other |

Do you have a physical or mental impairment that limits one or more of your major life activities (e.g. walking, hearing seeing, breathing, and learning)? Yes No

Please help us provide the best service possible to our job applicants by answering the following questions. The information will not be shared with other agencies, but will be used to evaluate and improve our service. Thank you for your assistance.

How did you learn about this position? (Please check only one.)

- Newspaper
- South Dakota Career Center
- Internet Site: _____
- Current Minnehaha County employee
- Affirmative Action Agency
- South Dakota Bar Association newsletter
- Job Fair
- Other _____