

EDUCATION AND TRAINING

	HIGH SCHOOL	VOCATIONAL/ TECHNICAL	COLLEGE/ UNIVERSITY	GRADUATE SCHOOL
School Name and Address				
Circle Last Year Completed	9 10 11 12	13 14 15 16	13 14 15 16 17 18	17 18 19 20
Diploma/Degree	Yes / No / GED <small>Note: A High School Diploma or GED is required for employment.</small>			
Course of Study List Major/Minor (s)				
Other Post High School Courses				

Transcripts Provided: YES NO UPON REQUEST

Use this space to identify any other educational experiences you have had which are pertinent to this position. Include workshops, seminars, military or vocational training, etc, which are not listed above. Indicate time involvement (hours per week, number of weeks, number of credits, etc.)

List Related Internships: _____

Did you receive credit toward your degree / diploma? YES NO

List any relevant certificates, licenses or registrations you possess or are eligible for. Include expiration dates: _____

Please list the languages in which you are fluent, and indicate your level of proficiency in each language (English, Spanish, etc.): _____

How did you learn about this opportunity? _____

Please indicate why this position interests you and describe the specific education or experience which qualifies you for the position for which you are applying. (Note: This application is current and active for only the position applied for. A new application is required for each position sought.)

EMPLOYMENT HISTORY

Provide the employment information requested below. **Begin with your present or most recent employment.** Do not exclude any employment. Include any temporary employment, paid or verifiable non-paid experience, including military service. Be as accurate and complete as possible, especially in describing the duties of each position. If you need more space attach additional sheets using the same format.

Name of Employer	Position Title:
Address	Employed: From (mo/yr) ___/___ To (mo/yr) ___/___ Avg. hours worked per week: ___ 1-10 ___ 11-20 ___ 21-.30 ___ 31-40 No. employees you supervised: _____
City, State, Zip Code	Start Salary: \$ _____ Final Salary: \$ _____
Telephone	Complete description of duties:
Supervisor Name and Title	
Reason for Leaving	
Name of Employer	Position Title:
Address	Employed: From (mo/yr) ___/___ To (mo/yr) ___/___ Avg. hours worked per week: ___ 1-10 ___ 11-20 ___ 21-.30 ___ 31-40 No. employees you supervised: _____
City, State, Zip Code	Start Salary: \$ _____ Final Salary: \$ _____
Telephone	Complete description of duties:
Supervisor Name and Title	
Reason for Leaving	
Name of Employer	Position Title:
Address	Employed: From (mo/yr) ___/___ To (mo/yr) ___/___ Avg. hours worked per week: ___ 1-10 ___ 11-20 ___ 21-.30 ___ 31-40 No. employees you supervised: _____
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Telephone	Complete description of duties:
Supervisor Name and Title	
Reason for Leaving	

May we contact the employers listed? ___ YES ___ NO

If no, indicate which employer (s) we should not contact: _____

Explain any lapses of employment which are longer than three (3) months: _____

Have you ever been discharged or forced to resign from any position? ___ YES ___ NO

If yes, please explain: _____

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

~PLEASE READ CAREFULLY BEFORE SIGNING~

I hereby certify that all of the information provided by me in the application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the time or circumstances of discovery. (Unsigned applications will not be considered.)

Initial: _____

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Brookings Municipal Utilities (hereinafter referred to as BMU) that such employment with BMU is at will, for no specified duration and may be terminated by either BMU or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of BMU or its representatives used during the employment process is deemed a contract of employment real or implied.

Initial: _____

I understand that if offered a position with BMU, I will be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

Initial: _____

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to BMU and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

Initial: _____

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Brookings Municipal Utilities / Swiftel Communications / Sprint, in accordance with state and federal laws, does not discriminate on the basis of age, race, color, ancestry, national origin, creed, religion, sex, marital status, genetics, disability or political affiliation.

APPLICANT DATA RECORD

Equal Employment Opportunity and Affirmative Action Statistics

Brookings Municipal Utilities / Swiftel Communications / Sprint PCS is an Equal Opportunity Employer. The attached information is required by state and federal regulations for statistical and affirmative action purposes and in no way influences employment prospects. It is separated from your application immediately. This information is maintained confidentially and is not available to any employing agency. Your responses are voluntary.

Name _____
Date

Social Security Number _____
Title of Position Applied For

Sex: (1) Male (2) Female

Age Group:

- (1) Under 18
- (2) 18-22
- (3) 23-29
- (4) 30-39
- (5) 40-49
- (6) 50-59
- (7) 60 or older

Racial/Ethnic Group:

- (1) **WHITE (Not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
- (2) **BLACK or AFRICAN AMERICAN (not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.
- (3) **HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- (4) **AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- (5) **ASIAN OR PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

Applicant Survey (Completion is Voluntary)

How did you learn about this position?

- (1) State Job Service Center (5) Other Website (please specify) _____
- (2) Other Department (6) Newspaper (please specify) _____
- (3) Present Employee (7) Other (please specify) _____
- (4) Our Website

Were you treated courteously when requesting job information? YES NO

Was the job information readily available upon request? YES NO

Was information easily understood? YES NO

If you answered "NO" to any of the above, please explain: _____

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