

Position applied for (choose one):  Park Maintenance  
 Recreation  
 Aquatics

City of  
*Sioux Falls*



Application for  
Part-time/Seasonal  
Employment

Providing a Better Quality of Life for You!

**Equal Employment Opportunity Statement**

The City of Sioux Falls does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, creed, ancestry, pregnancy, age, genetic information, or disability in employment or the provision of services.

(If an ADA accommodation is needed, please contact 605-367-8740 or [recruiter@siouxfalls.org](mailto:recruiter@siouxfalls.org).)

Name: \_\_\_\_\_  
First Middle Last  
Address: \_\_\_\_\_  
Address City State Zip  
Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, please give details: \_\_\_\_\_

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

*Criminal convictions are not an absolute bar to employment, but will only be considered in relation to specific job requirements.*

Are you at least 18 years of age? Yes  No

Proof of U.S. citizenship or immigration status will be required upon employment.

Are you legally eligible for employment in this country? Yes  No

Have you ever been employed by the City of Sioux Falls? Yes  No  Dates and Position: \_\_\_\_\_

List any previous names: \_\_\_\_\_

Shift available: Days  Nights  Weekends  Any hours

Availability dates: From: \_\_\_\_\_ Until: \_\_\_\_\_

Do you have a valid driver's license? Yes  No  CDL? Yes  No  Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

**South Dakota law allows for Veterans' Preference in employment.**

Are you a Veteran as defined by Section 33A-2-1 under South Dakota law?  Yes  No

If yes, you must attach DD214 or certificate of service-connected disability from the VA.

The relevant portion of SDCL 33A-2-1 defines Veteran as any person who:

- (1) Has served the full obligation for active duty, reserve, or National Guard service in the military, or received an early discharge for a medical condition, hardship, reduction in force, or at the convenience of the military; and
- (2) Has been separated or discharged from such service honorably or under honorable conditions.

The spouse of a Disabled Veteran who is unable to exercise the preference or an unmarried spouse of a deceased Veteran who died while in service or later died from a service-connected cause may also qualify for Veterans' Preference.

Education and Training			
School	Currently Attending?	Graduated? Check Answer	
High School:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>	
Post-Secondary Education			
Vocational/Technical College:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Major: _____
College/University:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Major: _____
Graduate School:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Major: _____

**Licenses or certificates:**

Professional license \_\_\_\_\_ Licensing board \_\_\_\_\_

**Employment History**

A résumé can be attached.

<b>1</b>	Employer	Position Title
	City, State	Responsibilities
	From (Mo/Yr) To (Mo/Yr)	
	Reason for Leaving	
	Supervisor Salary \$	
<b>2</b>	Employer	Position Title
	City, State	Responsibilities
	From (Mo/Yr) To (Mo/Yr)	
	Reason for Leaving	
	Supervisor Salary \$	
<b>3</b>	Employer	Position Title
	City, State	Responsibilities
	From (Mo/Yr) To (Mo/Yr)	
	Reason for Leaving	
	Supervisor Salary \$	
<b>4</b>	Employer	Position Title
	City, State	Responsibilities
	From (Mo/Yr) To (Mo/Yr)	
	Reason for Leaving	
	Supervisor Salary \$	

**Pre-employment Agreement**

I understand and agree that:

- If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, my employment may be terminated.
- The City has my authorization to thoroughly investigate my work, medical, and personal history that is job-related. I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.
- The City has my authorization to conduct a criminal background check as needed. I agree on behalf of myself or anyone representing me that I will hold harmless the City of Sioux Falls from liability for any claim or damages resulting from the release of this information to the City.
- In consideration of my employment, I agree to conform to the rules and regulations of the City and I understand that no representative of the City has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.

- The City is an equal opportunity employer. The City does not discriminate and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
- If employed, I understand that my employment is for no definite period of time, and if my employment is terminated, the City is liable only for wages and salary and benefits earned as of the date of termination.
- This application is current and active for only the position applied for, and it will be necessary for me to fill out a new application for other positions that may be available.
- I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.

By checking this box, I affirm that the information provided on this application is true and correct to the best of my knowledge.

Date: \_\_\_\_\_