



RURAL OFFICE OF COMMUNITY SERVICES, INC.

PO Box 70 • 140 HWY 50 • Lake Andes, SD 57356
Ph. 605-487-7634 • Fax 605-487-7883

APPLICATION FOR EMPLOYMENT

Please PRINT or TYPE • Complete full form even if resume is attached.

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age or handicap.
This application will remain active for 60 days. To be considered after 60 days will require filling out another application.

Position Applied For: _____ Date of Application: _____

Name _____
Last First Middle

Mailing Address _____
Street or Box City State Zip Code

Home Telephone _____ Work _____ Social Security Number _____

Cell _____ Email Address _____

Are you under age 18? Yes ☐ No ☐

Have you filed an application here before? Yes ☐ No ☐ If yes, give date _____

Have you ever been employed here before? Yes ☐ No ☐ If yes, give date _____

What was your job title? _____

Are any members of your immediate family working with Rural Office of Community Services, Inc. as an employee or in an advisory capacity as a board member or policy group?

Yes ☐ No ☐ If yes, explain _____

Are you legally eligible for employment in the U.S.? Yes ☐ No ☐ If no, explain: _____

When could you begin employment? _____

List the names, addresses and telephone numbers of 3 references who are not related to you and are not previous employers:

EMPLOYMENT EXPERIENCE

Start with your PRESENT OR MOST CURRENT job. List each promotion as a separate job.
If you need more space, attach additional sheets.

1. Dates of Employment: From (mo/yr) _____ To (mo/yr) _____
Job Title _____ Starting Salary _____ Ending Salary _____
Employer _____ Type of Business _____
Employer Address _____
Employer Phone _____
Supervisor's Name/Title _____
Number of Employees You Supervised _____
Average Hours Worked a Week 1 - 10 ☐ 11 - 20 ☐ 21 - 30 ☐ 31 - 40 ☐
Reason for Leaving _____
Duties Performed _____

2. Dates of Employment: From (mo/yr) _____ To (mo/yr) _____
Job Title _____ Starting Salary _____ Ending Salary _____
Employer _____ Type of Business _____
Employer Address _____
Employer Phone _____
Supervisor's Name/Title _____
Number of Employees You Supervised _____
Average Hours Worked a Week 1 - 10 ☐ 11 - 20 ☐ 21 - 30 ☐ 31 - 40 ☐
Reason for Leaving _____
Duties Performed _____

3. Dates of Employment: From (mo/yr) _____ To (mo/yr) _____
Job Title _____ Starting Salary _____ Ending Salary _____
Employer _____ Type of Business _____
Employer Address _____
Employer Phone _____
Supervisor's Name/Title _____
Number of Employees You Supervised _____
Average Hours Worked a Week 1 - 10 ☐ 11 - 20 ☐ 21 - 30 ☐ 31 - 40 ☐
Reason for Leaving _____
Duties Performed _____

May we contact employers listed above? Yes ☐ No ☐ If no, explain _____

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS BOX IS CHECKED

If the employer has checked the box next to the question, the information is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals.

<input checked="" type="checkbox"/>	Are you able to be bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/>	Have you been convicted of a criminal offense in the last 5 years, excluding offenses that have been annulled, expunged or sealed by the court? Record of conviction does not disqualify applicant from employment consideration. All factors will be considered. If yes, explain: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/>	Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain: If yes, list driver's license number: Do you have a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes what endorsements: Do you have any restrictions on the license? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:
<input checked="" type="checkbox"/>	Have you had a reckless driving or DWI conviction in the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:
<input checked="" type="checkbox"/>	Do you have more than one driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/>	Do you have a car available to use on the job? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/>	Can you travel within our service area? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what counties?
<input checked="" type="checkbox"/>	Can you travel outside our service area? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/>	If selected for employment are you willing to submit to a pre-employment drug test and background check? If no, explain: Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION AND TRAINING

The information provided on the following pages will be used to determine your qualifications for this position. Be as thorough as possible in describing your education and work experience. If you need more space use additional paper.

(Circle the last year of education completed 1 through 18.)

	Elementary	High School	College/Univ/Trade	Graduate/Professional
School Name				
Years completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Did You Graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diploma/Degree				
Describe Course of Study				
Describe specialized training, apprenticeship, skills, extra-curricular activities, workshops and internships				
Honors Received				

List any relevant certificates, licenses or registrations you possess or are eligible for, if any. Include expiration dates and registration or license numbers.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize Special Skills and Qualifications acquired from employment or other experiences.

List volunteer activities that have provided you with skills and qualifications for this job. If you need more space attach additional sheets. Exclude organizations' names which indicate race, color, religion, sex, or national origin.

PLEASE READ BEFORE SIGNING

I understand and agree that by signing this application:

I am certifying that the information is true, correct and complete to the best of my knowledge and belief. I understand that misrepresentations, falsifications, or omission of facts called for in this application is cause for cancellation of this application or termination of employment.

I authorize the investigation of all statements I have made in my application for employment, related papers, and oral interviews concerning past work history and education. I am releasing from liability any person giving or receiving such information.

I understand this is an application for employment and that no employment contract is being offered.

In the event of my employment, I will comply with all agency rules and regulations set forth in the agency's Personnel Policies and Procedures Manual or other communications distributed to all employees.

I understand that, if I am employed, such employment is for no definite period of time and Rural Office of Community Services, Inc. can change wages, benefits, and conditions at any time.

I have read and understand the above statements.

Date _____ Signature _____

FOR EMPLOYERS USE ONLY

Reference Check

Person Contacted	Results

Interview Results

Date Interviewed _____

Employ Yes ☐ No ☐

Date to Begin Work _____

Wages Hired At _____Hours per Week _____Effective Date of Employment _____

Job Title _____

Program _____

Interviewers Names and Comments:

EQUAL EMPLOYMENT OPPORTUNITY & AFFIRMATIVE ACTION STATISTICS

Rural Office of Community Services, Inc. is an equal opportunity employer. The attached information is requested 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.

Date _____

Position applied for: _____

Sex ☐ Male ☐ Female

Age Group ☐ Under 18 ☐ 18-22 ☐ 23-29 ☐ 30-39
☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70 or older

Race ☐ White ☐ Black ☐ Hispanic
☐ Asian or Pacific Islander ☐ American Indian or Alaskan Native

How did you learn about this position? _____

Name _____

Address _____

Telephone _____

I choose not to be included in the Rural Office of Community Services, Inc. Affirmative Action Program.

Date _____ Signature _____

FOR PERSONNEL DEPARTMENT ONLY

Position applied for is open: Yes ☐ No ☐

Comments _____

Date _____

(Detach prior to hiring Personnel Viewing Application and Place in "Applicant Data" File)

TO ALL EMPLOYEES:

Employees of ROCS driving their car in connection with agency business must submit a certificate of insurance showing minimum limits of liability of \$100,000/ \$300,000 Bodily Injury, \$100,000 property damage, or \$300,000 Single Limit. Any cost is employee's responsibility.