

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: | | | | | |
| Monthly Salary | | 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: | | | | | |
| Monthly Salary | | 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: | | | | | |
| Monthly Salary | | 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 employment. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that Minnehaha County will use E-Verify to validate my ability to work legally in the U.S. if I receive an offer, accept it, and begin employment. 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 Human Resources of any changes in my name, address or phone number. I understand that this does not constitute a contract of employment. I understand that employment with Minnehaha County is "at-will." Therefore, I understand that, if I am hired, employment with County is voluntary and is subject to termination by me or County at-will, with or without cause, and with or without notice, at any time.

Signature

Date

CONSENT FOR BACKGROUND CHECK AND WAIVER

I understand that, as a condition of my consideration for employment with Minnehaha County, and/or as a condition of my continued employment with Minnehaha County, Minnehaha County will conduct a thorough background investigation, which may include:

- Conducting reviews of all information provided by me to Minnehaha County including, but not limited to, application materials;
- Contacting references given by me as well as other individuals with knowledge of my employment, salary, educational, personal, and professional background;
- Obtaining and reviewing records related to my past employment, education and military service;
- Verifying my social security information, date of birth and former addresses; and,
- Obtaining and reviewing criminal and civil court histories and motor vehicle records
- Obtaining and/or viewing any other records including internet and social media and networking sites, and any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

I authorize and request every person, firm, company, corporation, partnership, governmental agency, court, association, school, college, or branch of the military having control of any documents, records, reports, or other written information pertaining to me, to cooperate and allow inspection or provide copies of such documents, records, reports, or other written information to Minnehaha County or any of its agents or representatives.

I hereby authorize and consent to Minnehaha County's procurement of such reports and information and I grant Minnehaha County permission to review and to take into consideration any and all such reports and information during the pre-employment process and at any point thereafter. I hereby release any claim of privacy or right to a copy of such information. I also release, exonerate and discharge Minnehaha County, its agents and representatives, and any person or entity furnishing such information from any and all liability or claims now or in the future for obtaining, providing, or using this information in the employment process.

I also hereby certify that all statements and information provided to Minnehaha County as part of the pre-employment process (including any pre-employment background investigation, screening or testing) are true and complete to the best of my knowledge and belief.

Printed Name of Applicant or Employee (Last, First, and Middle Name)

Former Last Names (if applicable)

Address, State and Zip

Date of Birth

Driver's License (DL) Number

DL State of Issue

Social Security Number

Department/Position

Signature of Applicant or Employee

Today's Date

Minnehaha County Volunteer Agreement

I, _____, agree to volunteer my services to Minnehaha County. This agreement will begin on _____ and continue throughout the time I volunteer my services to County.

Have you ever worked for Minnehaha County in the past? Yes or No (circle one)

Do you currently work for Minnehaha County? Yes or No (circle one)

I also understand and agree to the following:

1. That I am not an employee of the County and, as such, that I am not entitled to receive salary, benefits or other compensation. I understand, however, that I may be eligible for Worker's Compensation benefits under certain, limited circumstances and as described in SDCL 62-1-5.1 if requested to perform County work by a duly authorized County official.
2. That I shall perform my duties as directed in accordance with any applicable code, statute or administrative rule, as well as any applicable County ordinance, resolution, policy or procedure.
3. That I am volunteering without contemplation of pay and in furtherance of my own civic or charitable reasons.
4. That I am not eligible to volunteer if I, at any other time, provide the same or similar services to Minnehaha County for compensation.
5. That this is the entire agreement, and no agreement, verbal or written exists outside this agreement. No promises of any kind have been made to me about future employment or any other reward for my efforts.
6. That either Minnehaha County or I may choose to end the volunteer relationship at any time for any reason by either a verbal or written notice.
7. That as a condition of my volunteer relationship with Minnehaha County I expressly consent to a background check required by County policy.
8. That I grant Minnehaha County the permission to use photographs or video images taken of me during the time I am volunteering for promotional purposes, without compensation for their use and without notifying me prior to any distribution.

Volunteer

Name: _____

Signature: _____

Date: _____

Department Head

Name: _____

Signature: _____

Date: _____

Volunteers under the age of 18 must have this agreement co-signed by their parent or guardian.

This is to certify that I, as a parent/guardian with legal responsibility for this volunteer, do consent and agree to his/her release as provided above. I agree that Minnehaha County will not be held liable for any event that may occur during my minor child's time as a volunteer, even if the event occurs due to negligence of Minnehaha County, to the fullest extent permitted by law.

Parent/Guardian

Name: _____ Phone Number: _____

Signature: _____ Date: _____

Last Updated: 4/12/2022