



APPLICATION FOR EMPLOYMENT

HUMAN SERVICE AGENCY

123 19th St NE, PO Box 1030

Watertown, SD 57201

(605) 886-0123

Fax: (605) 884-3537

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) Applying For:

Date of Application:

In order to avoid a potential conflict of interest, HSA does not hire persons who are currently receiving services from HSA. Your signature on this application gives HSA your approval to verify that you are not currently receiving any services. We are required to do a criminal background check. You will need to sign a release giving us permission to do so. Employment at HSA is also contingent on a successful completion of a drug test.

Last Name	Middle Initial	First Name	Preferred Name
Street Address/PO Box		City	State Zip
Telephone Number(s)		Email Address	

Best time to Contact you at home is: _____

If you have ever been employed under another name, please list: _____

Are you at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? (If yes, give date _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your friends or relatives work here? (If yes, give name/relationship/location _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before? (If yes, give date/job title/location _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally eligible to be employed in the United States? (Proof will be required upon employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime? (The nature of work may require working with vulnerable individuals and driving company vehicles. A conviction may not result in the denial of employment.) (If yes, please explain _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if job requires it? Do you have a valid drivers license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you fluent in another language besides English? (If Yes, what languages? _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you available to work: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Are you available to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Overnights <input type="checkbox"/> Any
How did you learn about us? <input type="checkbox"/> Ad <input type="checkbox"/> Friend <input type="checkbox"/> Walk In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____

EDUCATION

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate School				
Graduate School				
Other (Specify)				

EMPLOYMENT (Start with your present or last job. Include any job-related military service.)

Employer		Dates Employed Start Date End Date		Work Performed
Address				
Telephone Number		Hourly Rate/Salary Starting Ending		
Job Title	Supervisor			Reason for Leaving
Employer		Dates Employed Start Date End Date		Work Performed
Address				
Telephone Number		Hourly Rate/Salary Starting Ending		
Job Title	Supervisor			Reason for Leaving
Employer		Dates Employed Start Date End Date		Work Performed
Address				
Telephone Number		Hourly Rate/Salary Starting Ending		
Job Title	Supervisor			Reason for Leaving

REFERENCES

Name	Occupation
Address	Phone Number
Name	Occupation
Address	Phone Number
Name	Occupation
Address	Phone Number

Any additional information you feel may be helpful to us in considering your application?

Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize HSA permission to conduct a background check that they believe necessary for my employment with HSA. This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at-will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. **The Human Service Agency conducts a criminal background check for any applicants working with vulnerable adults and/or children.***

In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of this employer.

Signature of Applicant

Date