

**CITY OF LEOLA**  
Employment Application

PO Box 108 - 742 Sherman Street  
Leola, SD 57456  
P: (605) 439-3299 F: (605) 439-3117  
E: [leola@valleytel.net](mailto:leola@valleytel.net) W: [www.leolasd.com](http://www.leolasd.com)

<b>APPLICANT INFORMATION</b>										
Last Name				First			M.I.			
Street Address						Apartment/Unit #				
City				State		ZIP				
Phone				E-mail Address						
Date Available				Desired Salary						
Position Applied for				Driver's License Number						
Are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	Social Security Number				
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
<b>EDUCATION</b>										
High School				Address						
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College				Address						
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other				Address						
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
<b>REFERENCES</b>										
<i>Please list three professional references.</i>										
Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date