



APPLICATION FOR EMPLOYMENT

P.O. Box 588 • 525 Western Ave. • Brookings, SD 57006-0588
Phone: (605) 692-6325 • Toll Free: (800) 561-6211 • Fax: (605) 697-8570

BROOKINGS MUNICIPAL UTILITIES AND SWIFTEL COMMUNICATIONS IS AN EQUAL OPPORTUNITY EMPLOYER
Special accommodations for application, testing or job information in alternative formats available upon request

PLEASE PRINT OR TYPE

Title of Position Applied for: _____ Today's Date: _____
(This application is current and active for only the position applied for. A new application is required for each position sought)

Name: _____
LAST FIRST MIDDLE

List any other name(s) you may have worked under: _____

Mailing Address: _____
STREET/BOX CITY STATE ZIP

Telephone Numbers: _____
HOME ALTERNATE BUSINESS

Can we contact you at your business number? _____ YES _____ NO Social Security Number: _____

Are you 18 years of age or older? _____ YES _____ NO (If hired, you may be required to submit a proof of age.)

Are you authorized for employment in the United States? _____ YES _____ NO
(You will be required to provide any employment eligibility verification mandated by the Federal government.)

Will you accept: _____ full-time employment _____ part-time employment _____ temporary employment

Shift availability, if applicable: _____ day _____ evening _____ night _____ weekends

On what date would you be available for employment? _____

Have you ever applied here before? _____ YES _____ NO If yes, please give date(s) _____

Were you ever employed here before? _____ YES _____ NO If yes, please give date(s) _____

Names of relatives currently employed here. _____

Have you ever been convicted of a felony? _____ YES _____ NO If yes, please explain _____
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)

Do you have a valid driver's license? _____ YES _____ NO (A valid driver's license is a job-related requirement of some positions with Brookings Municipal Utilities and Swiftel Communications)
Do you have a valid commercial driver's license? _____ YES _____ NO (A valid commercial driver's license is a job-related requirement of some positions at Brookings Municipal Utilities and Swiftel Communications)

REFERENCES: List those persons willing to provide references. Providing this information, means that you give us permission to contact the references.
(Do not include relatives)

NAME	COMPLETE ADDRESS	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

EDUCATION AND TRAINING

	HIGH SCHOOL	VOCATIONAL/ TECHNICAL	COLLEGE/ UNIVERSITY	GRADUATE SCHOOL
School Name and Address				
Circle Last Year Completed	9 10 11 12	13 14 15 16	13 14 15 16 17 18	17 18 19 20
Diploma/Degree				
Course of Study				
Other Post High School Courses				

Transcripts Provided: YES NO

Use this space to identify any other educational experiences you have had which are pertinent to this position. Include workshops, seminars, military or vocational training, etc., which are not listed above. Indicate time involvement (hours per week, number of weeks, number of credits, etc.)

List Internships: _____

Did you receive credit toward your degree/diploma? YES NO

List any relevant certificates, licenses or registrations you possess or are eligible for. Include expiration dates. _____

Additional space. Use this block to complete information given elsewhere on this form. If you still need more space, attach additional sheets. You may also use this space to summarize other pertinent education or experience, which applies to the position for which you are applying.

EMPLOYMENT HISTORY

Provide the employment information requested below. Begin with your present or most recent employment. Do not exclude any employment. Include any temporary employment, paid or verifiable non-paid experience, including military service. Be as accurate and complete as possible, especially in describing the duties of each position. If you need more space attach additional sheets using the same format.

Name of Employer	Position Title:
Address	Employed: From (mo/yr) ____ / ____ To (mo/yr) ____ / ____ Avg. hours worked per week: ____ 1-10 ____ 11-20 ____ 21-30 ____ 31-40 No. employees you supervised: _____
City, State, Zip Code	Start Salary: \$ _____ Final Salary: \$ _____
Telephone	Complete description of duties:
Supervisor Name and Title	
Reason for Leaving	
Name of Employer	Position Title:
Address	Employed: From (mo/yr) ____ / ____ To (mo/yr) ____ / ____ Avg. hours worked per week: ____ 1-10 ____ 11-20 ____ 21-30 ____ 31-40 No. employees you supervised: _____
City, State, Zip Code	Start Salary: \$ _____ Final Salary: \$ _____
Telephone	Complete description of duties:
Supervisor Name and Title	
Reason for Leaving	
Name of Employer	Position Title:
Address	Employed: From (mo/yr) ____ / ____ To (mo/yr) ____ / ____ Avg. hours worked per week: ____ 1-10 ____ 11-20 ____ 21-30 ____ 31-40 No. employees you supervised: _____
City, State, Zip Code	Start Salary: \$ _____ Final Salary: \$ _____
Telephone	Complete description of duties:
Supervisor Name and Title	
Reason for Leaving	
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City, State, Zip Code	Start Salary: \$ _____ Final Salary: \$ _____
Telephone	Complete description of duties:
Supervisor Name and Title	
Reason for Leaving	

May we contact the employers listed? YES NO

If no, indicate which employer(s) we should not contact: _____

Explain any lapses of employment which are longer than three (3) months: _____

Have you ever been discharged or forced to resign from any position? YES NO

If yes, please explain: _____

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in the application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the time or circumstances of discovery. (Unsigned applications will not be considered.)

Initial: _____

I understand that submission of any application does not guarantee employment. I further understand that, should an offer of employment be extended by Brookings Municipal Utilities (hereinafter referred to as BMU) that such employment with BMU is at will, for no specified duration and may be terminated by either BMU or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of BMU or its representatives used during the employment process is deemed a contract of employment real or implied.

Initial: _____

I understand that if offered a position with BMU, I may be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

Initial: _____

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to BMU and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

Initial: _____

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Brookings Municipal Utilities and Swiftel Communications, in accordance with state and federal laws, does not discriminate on the basis of age, race, color, ancestry, national origin, creed, religion, sex, marital status, disability or political affiliation.

APPLICANT DATA RECORD

Equal Employment Opportunity and Affirmative Action Statistics

Brookings Municipal Utilities and Swiftel Communications is an Equal Opportunity Employer. The attached information is required by state and federal regulations 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.

Name _____
Date

Social Security Number _____
Title of Position Applied For

Sex: _____ (1) Male _____ (2) Female

Age Group:

- _____ (1) Under 18
- _____ (2) 18-22
- _____ (3) 23-29
- _____ (4) 30-39
- _____ (5) 40-49
- _____ (6) 50-59
- _____ (7) 60 or older

Racial/Ethnic Group:

- _____ (1) WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
- _____ (2) BLACK (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- _____ (3) HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- _____ (4) AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- _____ (5) ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

Disability:

Do you have a physical or mental impairment which limits one or more of your major life activities (e.g. walking, hearing, speaking, seeing, breathing, learning)? _____ YES _____ NO

Applicant Survey (Completion is Voluntary)

How did you learn about this position?

- _____ (1) State Job Service Center _____ (5) Other Website (please specify) _____
- _____ (2) Other Department _____ (6) Newspaper (please specify) _____
- _____ (3) Present Employee _____ (7) Other (please specify) _____
- _____ (4) Our Website

Were you treated courteously when requesting job information? _____ YES _____ NO

Was the job information readily available upon request? _____ YES _____ NO

Was information easily understood? _____ YES _____ NO

If you answered "NO" to any of the above, please explain: _____

