



## EMPLOYMENT HISTORY

Beginning with your present or most recent job, completely describe your work experience during the past ten years including any periods of unemployment. If additional space is required, please attach the necessary pages to the application form to complete your employment history. You may not substitute "see Resume" for completion of this section. An application submitted without completing this entire section will disqualify you from consideration. Please list all

Employer	Address	Phone	
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title			
Employment Dates: From: Mo _____ Yr _____		To: Mo _____ Yr _____	Ending Salary \$ _____/Month
Immediate Supervisor Name, Title and Phone Number			May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____			
_____			
Reason for leaving? _____			

Employer	Address	Phone	
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title			
Employment Dates: From: Mo _____ Yr _____		To: Mo _____ Yr _____	Ending Salary \$ _____/Month
Immediate Supervisor Name, Title and Phone Number			May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____			
_____			
Reason for leaving? _____			

Employer	Address	Phone	
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title			
Employment Dates: From: Mo _____ Yr _____		To: Mo _____ Yr _____	Ending Salary \$ _____/Month
Immediate Supervisor Name, Title and Phone Number			May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____			
_____			
Reason for leaving? _____			

## UNPAID and VOLUNTEER POSITIONS

List below any un-paid or volunteer positions you have held which are relevant to the position for which you are applying. If additional space is required, please attach the necessary pages to application form.

Employer _____	Address _____	Phone _____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Job Title _____				
Employment Dates: From: Mo _____ Yr _____ To: Mo _____ Yr _____				
Immediate Supervisor Name, Title and Phone Number _____				May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____				
_____				
Reason for leaving? _____				

Employer _____	Address _____	Phone _____	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Job Title _____				
Employment Dates: From: Mo _____ Yr _____ To: Mo _____ Yr _____				
Immediate Supervisor Name, Title and Phone Number _____				May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____				
_____				
Reason for leaving? _____				

## CIVIC CLUBS/ORGANIZATIONS

List any civic clubs or organizations of which you are, or have been a member, the length of time you were involved, and any offices that you may have held:

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## ADDITIONAL COMMENTS

List any additional comments you feel may be relevant to the position for which you are applying:

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## EMPLOYMENT APPLICATION INSTRUCTIONS

Please read the application carefully and answer all questions. Incomplete applications will not be accepted.

Resumes will not be accepted in lieu of a completed City of Brookings employment application form.

Applications must be received by 4:00 pm on the due date specified in the job advertisement. The City will not accept applications received after the deadline, regardless of the postmark or time indicated on the fax machine.

All information given should be job related and not related to any protected class, status, race/ethnicity, age, marital status, life style, and or disability. Any such information will be removed prior to sending your applicant file to the hiring department.

## BENEFIT INFORMATION

The City of Brookings offers a comprehensive benefit package to our employees. This package includes:

**Health Insurance:** Employer pays medical, dental and vision premium for employee plus legal dependents. Part-time employees are not eligible for health insurance coverage.

**Life Insurance:** \$10,000 life and AD&D insurance policy. Part-time employees are not eligible for life insurance coverage.

**Vacation:** New employees start at two weeks per year with built in increases based on years of service. New employees are eligible to use this time after one year of continuous service. Part-time employees accrue vacation on a pro-rata basis.

**Sick pay:** Beginning with the first month of employment sick pay is earned at a rate of 8 hours per month to a maximum accrual of 576 hours. Part-time employees accrue sick pay on a pro-rata basis.

**Holidays:** City employees receive 12 paid holidays per year. Part-Time employees are not eligible for holiday pay unless they work the holiday.

**PERS (Public Employees Retirement System):** Employer pays 6% of eligible gross wages toward retirement which belongs to the employee, plus interest, and can be received before retirement age if employment is terminated. The employer also pays a percentage of the eligible employee's gross wages towards the retirement of the employee and can only be used if the employee meets retirement criteria. This percentage varies with periodic actuarial calculations. Coverage begins on the first day of the month following a waiting period of six months employment in a qualifying position requiring at least 600 hours per 12 month period which can not be interrupted by more than 30 consecutive working days.

**FICA and Medicare:** Employer pays required percentage of gross wages toward FICA (Social Security) and Medicare benefits for employee's retirement.

**Worker's Compensation:** The employer pays a premium amount based on each individual's gross wages to insure doctor, hospitalization and compensation in the case an employee is hurt while performing his duties. The employer also pays .018 cents for each hour or fraction of hour worked by the employee over the premium amount. The employee pays .018 cents for each hour or fraction of hour worked to a fund set aside for job skills retraining in the event of a disability.

**ICMA Deferred Compensation Program:** The City has made arrangements with ICMA for those employees wishing to participate in the deferred compensation program to have the contributions payroll deducted.

**AFLAC:** The City has partnered with AFLAC to offer a variety of supplemental insurance plans. If you choose to participate the pre-tax/after-tax premiums will be payroll deducted from your bank account.

**Direct Deposit:** The City of Brookings offers direct payroll deposit.

## APPLICANT'S STATEMENT— Must be signed

I certify that all answers and statements I have made on this application (and resume or other supplementary material) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications. I understand that if selected I may be required to undergo a physical examination, drug screening, drivers license check, or background investigation.

I will be responsible for familiarizing myself with all rules and regulations of the Employer as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of the Employer without notice, at any time during my probationary period.

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Signature of Applicant

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Date