

YANKTON SIOUX HOUSING AUTHORITY  
 410 SOUTH MAIN STREET  
 WAGNER, S.D. 57380  
 Telephone (605) 384-3171 Fax (605) 384-5907  
**APPLICATION FOR EMPLOYMENT**

Position Applying for: \_\_\_\_\_ Date of Application \_\_\_\_\_

When will you be available for work: \_\_\_\_\_

Have you ever applied for employment with us?  Yes  No

What month & Year \_\_\_\_\_ Location \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**PERSONAL INFORMATION:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: PO Box \_\_\_\_\_ Telephone/Cell # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_ Enrollment # \_\_\_\_\_

do you have a valid South Dakota driver's license?  Yes  No please provide a copy

do you have car insurance?  Yes  No

do you have reliable transportation?  Yes  No

are you presently employed?  Yes  No

if yes, please give employer name & address \_\_\_\_\_ Telephone# \_\_\_\_\_

**PHYSICAL HISTORY:**

are you physically capable of labor intensive work? Being on your feet for 8 hours, heavy lifting, or working in cold/hot environments?  YES  NO

list Physical Limitations: \_\_\_\_\_

date & Place of last physical: \_\_\_\_\_

**EDUCATION:**

did you graduate from High School?  Yes  No  
 if so, what year? \_\_\_\_\_

Name of School \_\_\_\_\_ Address \_\_\_\_\_  
 did you receive your GED?  Yes  No  
 if so, what year? \_\_\_\_\_

Name of School \_\_\_\_\_ Address \_\_\_\_\_  
 did you go to a technical/trade school?  Yes  No

Name of School \_\_\_\_\_ Course of Study \_\_\_\_\_ # of Years \_\_\_\_\_

Please provide copies of any of your certificates, transcripts, and resume. Selection is rated on a point system for employment.

Did you receive a certificate or a diploma?  Yes  No  
Did you attend a university?  Yes  No

Name of School	Course of Study	# of Years
Did you receive a certificate or a diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been convicted of a felony?  Yes  No  
If yes, please explain: \_\_\_\_\_

**MILITARY:**

Did you serve in the U.S. Armed Forces?  Yes  No If yes, what branch: \_\_\_\_\_  
Honorable Discharge:  Yes  No if no, please explain: \_\_\_\_\_

**EMPLOYMENT:**

Company Name & Address	Date of Employment	Telephone#
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Job Title & Responsibilities:		Reason For Leaving
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Company Name & Address:	Date of Employment	Telephone#
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Job Title & Responsibilities:		Reason For Leaving
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Company Name & Address	Date of Employment	Telephone#
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Job Title & Responsibilities		Reason For Leaving
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**PLEASE LIST THREE (3) REFERENCES:**

Please note. References will be contacted prior to selection and must be available for phone or mail based interview.  
Please ensure phone numbers and addresses are correct and current. Selection is rated on a point system.

Name	Address	Telephone #
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Name	Address	Telephone #
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Name	Address	Telephone #
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**THIS IS A DRUG FREE WORK PLACE AND ALL FUTURE FULL-TIME, PART-TIME, OR TEMPORARY EMPLOYEES ARE SUBJECT TO MANDATORY DRUG TESTS.**

I, \_\_\_\_\_ hereby consent and agree to drug and/or alcohol testing as a condition of employment and continued employment by the Yankton Sioux Housing Authority (YSHA), if I am hired.

I understand that information regarding the test results will be released to the YSHA and that such information may be used as grounds for adverse employment action, including denial of employment and/or termination of my employment with the YSHA.

The result of the test will be reviewed by the designated employee and the individual that took the test. The test results will be released to the YSHA in determining any adverse employment action that may be taken against me.

I have a right to refuse to submit to such testing; understanding, however, that my refusal to submit to or to cooperate with such testing shall be considered equivalent to a confirmed "positive" test.

I further agree that YSHA have made no representations, inducements, or statements, other than those in writing, about the testing, and that I consent to be tested.

**AUTHORIZATION OF RELEASE OF INFORMATION**

This information provided in this Application is true and complete. If employed, any misstatement or omission of fact in this application may result in my dismissal. I, \_\_\_\_\_, give the Yankton Sioux Housing Authority the right to contact all references and to secure additional information, if job related. I release from liability the Yankton Sioux Housing Authority and its representatives for seeking such information and all other person, corporation, or organizations for furnishing such information.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

YANKTON SIOUX HOUSING AUTHORITY

MAILING ADDRESS: 410 S. MAIN ST.  
WAGNER, SD 57380

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