STATE OF SOUTH DAKOTA SEASONAL/TEMPORARY APPLICATION

This form is to be used only when applying for seasonal/temporary positions. Applications for permanent positions must be completed online at bhr.sd.gov/workforus/seasonal. A separate application must be submitted for each location. Photocopies are acceptable. Unless otherwise indicated. Send completed application to the address or email listed on the job announcement.

Seasonal/Temporary Job ID Number (if applicable):						
Department:	Location:					
Position Title(s):						
Referred by (if applicable):						
Last Name/First Name:						
Mailing Address: (Box #, Street, Apt.	Phone:					
Current Address:	Phone:					
(Box #, Street, Apt.	, City, State, Zip)					
Are you legally authorized to work in the United States?						
Earliest date you can begin work (mo/day)	n work (mo/day) Through last working day (mo/day)					
May we contact your current employer regarding your qualifications PROFESSIONAL REFERENCES – PLEASE INCLUDE NAME, AL						
EDUCATION Check the last year of education completed: (For high school diplon						
Do you possess a high school diploma or GED? ☐ Yes ☐ No						
Name and Address of Post-Secondary School						
Dates Attended to Major	Minor					
Did you graduate? ☐ Yes ☐ No Type of degree						

List all relevant licenses, certificates or registrations you possess (include expiration date, license number, and issuing state). Also, identify any other educational experiences that may be relevant to the position for which you are applying.

Duty/Specialized Military Training:

SECTION 3 – WORK HISTORY

- If all requested information is included on an attached resume, you do not need to complete this section. Begin with your current or most recent position and work backwards; attach additional pages if necessary. DO NOT skip any employment.
- Include all paid experience; you may include non-paid experience if you believe it may be pertinent to this position.
- Include military and volunteer experience.

Job Title	Dates: From	То
Employer	City/State	
Supervisor's Name/Title	Phone	
Reason for Leaving		
Duties performed and knowledge or skills gained from this experience		
Job Title	Dates: From	То
Employer	City/State	
Supervisor's Name/Title	Phone	
Reason for Leaving	Final Salary _	
Duties performed and knowledge or skills gained from this experience		

If applicable complete this section.

Equipment (check level of skill):		Office Equipment (check level of skill):				
	Some experience	Skilled	Maintain/ Repair	Som experie		Skilled
Farm Tractors				Personal Computers		
Tractors w/ Front End Loaders				Calculator		
Trucks w/2 Speed Axle				Cash Till		
Power Hand Tools				Handling Money		
Sprayers				Video Camera		
Riding Lawn Mowers						
ATV's				Other:		
Bulldozer						
Road Maintainer						
Boat w/ Motor						

By submitting this application, you are certifying that the information is true, correct, and complete to the best of your knowledge and belief.