



630 S Minnesota Ave, Sioux Falls, SD 57104 • (605) 332-0704
TTY 711 • (605) 339-9305 FAX • sfhrc@siouxfallshousing.org

Please Return Final Employment Application to:
b_tucker@siouxfallshousing.org

Applicant Information			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit#	
City	State	Zip	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	/hr
Position Applied for			
Are you a citizen of the United States? Yes No			
If no, are you authorized to work in the U.S.? Yes No			
Have you ever worked for this company? Yes No Dates: through			
Have you ever been convicted of a felony? Yes No Explain:			

Education			
High School		Address	
From	To	Did you Graduate? Yes No	Degree(s)
Post-Secondary School Name		Address	
From	To	Did you Graduate? Yes No	Degree(s)
List all relevant licenses, certifications or registrations you possess. Also identify other educational experiences relevant to the position you are applying for.			

Current and Previous Employment (List Most Recent Employment First)				
Company		Phone		
Address		Supervisor		
Job Title	Starting Salary\$	/hr	Ending Salary\$	/hr
Responsibilities				
From	To	Reason For Leaving		
May we contact your previous supervisor for a reference?		Yes	No	
Company		Phone		
Address		Supervisor		
Job Title	Starting Salary\$	/hr	Ending Salary\$	/hr
Responsibilities				
From	To	Reason For Leaving		
May we contact your previous supervisor for a reference?		Yes	No	
Company		Phone		
Address		Supervisor		
Job Title	Starting Salary\$	/hr	Ending Salary\$	/hr
Responsibilities				
From	To	Reason For Leaving		
May we contact your previous supervisor for a reference?		Yes	No	

Military Service		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, please explain:		

References	
<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	

Disclaimer & Signature	
<p>I certify that the information on this application and its supporting documents is accurate and complete. I understand, and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize the employer to investigate and verify all statements contained in this application and supporting materials.</p>	
Signature	Date

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at any later date.

I understand that Sioux Falls Housing and Redevelopment Commission ("SFHRC") may conduct an extensive and thorough background investigation prior to or in conjunction with my hiring or continued employment. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer (except as previously noted), past employers, law enforcement authorities, and organizations to provide relevant information and opinions that may be useful in making a hiring decision.

I release such persons and organizations from any legal liability for any damage whatsoever for making such statements. I understand the use of illegal or illicit drugs is prohibited during employment. I may be required to successfully pass a drug and alcohol screening examination prior to being hired, and I consent to taking a drug and alcohol test at any time during my employment, should I be hired.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the SFHRC Board of Commissioners, in conjunction with its Executive Director, has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the Executive Director and the Employee.

If employed, I agree and acknowledge that SFHRC Management, with or without cause and with or without notice, can terminate my employment with the SFHRC at any time. I further certify that I have read and understand the instructions, conditions and other information provided in this document.

Signature: _____ Date: _____