

MINNEHAHA COUNTY
Emergency Management
 608 Sigler Ave
 Sioux Falls, SD 57104
 605-367-4290
 605-367-4345 Fax

POSITION APPLIED FOR:

Volunteer Application

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET/PO BOX CITY STATE ZIP

CONTACT: _____
HOME PHONE BUSINESS PHONE CELL/MESSAGE PHONE EMAIL ADDRESS

Please answer all questions. Answers are subject to verification.

Are you under the age of 21? Yes No Are you related to a Minnehaha County employee? Yes No

Have you ever worked for Minnehaha County in the past? Yes No If yes, what dates? _____

Are you a U.S. citizen or currently authorized to work in the United States on a full-time basis? Yes No

Have you ever been convicted of or pled guilty or nolo contendere/no contest to any crime for which a court appearance was required? Omit any traffic offenses for which no court appearance was required. Yes No

Are you required to register as a sex offender? Yes No

If yes to either of the above, please explain: _____

Note: A conviction will not automatically disqualify a candidate. Minnehaha County will consider the type and seriousness of the crime, the frequency of violations, the date of the conviction or time elapsed since the conviction and completion of any jail sentence, and other job-related criteria.

High School Graduate or possess a GED? Yes No

EDUCATION	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	DATES OF ATTENDANCE	DID YOU GRADUATE?
COLLEGE / UNIVERSITY				
BUSINESS / TRADE / CORRESPONDENCE				
GRADUATE SCHOOL				

List special qualifications, training or other experience relevant to the position for which you are applying. Include items such as licenses, special courses, work training programs military training workshops, seminars, skills with machines, public speaking, memberships in professional societies, keyboard skills/speed, etc.

EQUAL EMPLOYMENT OPPORTUNITY

Minnehaha County is an Equal Opportunity Employer. It does not discriminate on the basis of race, color, creed, religion, national origin, citizenship, ancestry, gender, pregnancy, marital status, sexual orientation, age, disability, veteran's status, genetic information, or any other protected group in accordance with state and federal law. Arrangements for accommodations required by disabilities can be made by contacting Human Resources at (605) 367-4337.

Employment History: Resume accepted in lieu of this section if requested information is provided.

★ Start with your current or last job - include armed forces service and self-employment.

May we contact your current employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
1. Employer		Telephone Number		Supervisor's Name	
Type of Business		Address			
Your Job Title		Dates Employed From: _____ To: _____		Average Hours Worked Per Week	
Duties:					
		Reason for Leaving			
2. Employer		Telephone Number		Supervisor's Name	
Type of Business		Address			
Your Job Title		Dates Employed From: _____ To: _____		Average Hours Worked Per Week	
Duties:					
		Reason for Leaving			
3. Employer		Telephone Number		Supervisor's Name	
Type of Business		Address			
Your Job Title		Dates Employed From: _____ To: _____		Average Hours Worked Per Week	
Duties:					
		Reason for Leaving			

PROFESSIONAL REFERENCES: Name / Title / Address / Phone

1 _____

2 _____

3 _____

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that the misrepresentation, falsification, or omission of facts in this application is cause for cancellation of this application or termination of volunteer opportunities. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information on this application. I understand this completed application is the property of Minnehaha County and will not be returned. I authorize Minnehaha County to contact prior employers or other references. I understand that I must notify Emergency Management of any changes in my name, address or phone number. I understand that this does not constitute a contract of employment.

VOLUNTARY INFORMATION

VETERANS' PREFERENCE INFORMATION

Completion of the Veterans' Preference section below is made on a voluntary basis. Veterans, as defined in state law, who are citizens and residents of the state, where all qualifications are equal, shall be given preference for appointment. A DD-214 or current VA disability certification (if applicable) must be submitted with this application.

Check if applicable: _____ Veteran _____ Disabled Veteran _____ Vietnam Era Veteran

Dates of service: From: ____/____/____ To: ____/____/____

Branch: _____ Discharge: _____

EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION STATISTICS

Minnehaha County is an Equal Opportunity Employer. While you are not required to do so, we are requesting that you complete the following questions to help us measure our effectiveness in meeting our EEO obligations. This is a voluntary act on your part and will not, in any way, harm or assist you with your relationship with the County. This questionnaire is removed from your application before it is evaluated. The data collected will remain in our files but will not be used in any way other than statistical reporting. Thank you for helping us evaluate our recruitment and selection procedures.

Name: _____ Date: _____

Position applied for: _____

Please indicate your age group: _____ Sex: _____ Male _____ Female

- _____ Under 18
- _____ 18-29
- _____ 30-39
- _____ 40-49
- _____ 50 or older

Race/Ethnic Group:

- | | |
|--|----------------|
| _____ American Indian - Alaskan Native | _____ Hispanic |
| _____ Asian - Pacific Islander | _____ White |
| _____ Black | _____ Other |

Do you have a physical or mental impairment that limits one or more of your major life activities (e.g. walking, hearing seeing, breathing, and learning)? Yes No

Please help us provide the best service possible to our job applicants by answering the following questions. The information will not be shared with other agencies, but will be used to evaluate and improve our service. Thank you for your assistance.

How did you learn about this position? (Please check only one.)

- Newspaper
- South Dakota Career Center
- Internet Site: _____
- Current Minnehaha County employee
- Affirmative Action Agency
- South Dakota Bar Association newsletter
- Job Fair
- Other _____

**COUNTY OF MINNEHAHA
OFFICE OF EMERGENCY MANAGEMENT**

VOLUNTEER APPLICATION FORM

ELIGIBILITY

1. The qualifications and entry requirements to become an Emergency Management volunteer shall be as follows:
 - a) A citizen of the United States of good moral habits and without any prior convictions of a felony or crime of moral turpitude; misdemeanor convictions will be reviewed.
 - b) Is physically able to perform essential functions and duties.
 - c) A willingness to perform necessary active duty as assigned.

APPLICATION FOR MEMBERSHIP

2. All persons seeking membership shall make entry on forms provided by the Emergency Management Office. Applicants will be required to submit to the recording of fingerprints and photograph.
3. Application shall be restricted to American citizens, living within twenty-five (25) miles of Sioux Falls, be at least 21 years of age, and have a high school diploma or its equivalent.
4. All applicants will obtain an application form from the Emergency Management Office. After the application has been processed, it will be referred to the appropriate Board for action. The Board will then interview the applicant and either accept or reject the application. If accepted, the applicant will be permitted to start the required training when an opening exists.
5. Medical standards for this position requires that the member be sufficiently healthy to perform the required duties without undue risk to his/her health or that of others. Since members are eligible for benefits under workmen compensation, it is necessary that they do not possess conditions which may readily suffer aggravation during required duty or prevent them from performing required essential functions and duties. Such verification must be signed off by a physician.
6. The standards as outlined below are to be used as a guide. For many specific qualifications, a borderline zone exists, such as fitness; and in such instances, it will be up to the discretion of the Emergency Management Director to render a final opinion on the medical fitness for the position and may require the applicant to take a medical exam.

7. Applicants acknowledge and understand the following:

- They will follow directives and abide by any applicable Emergency Management policies & procedures.
- That they are not employees, nor entitled to any salary or other benefits.
- That there is no assurance of any kind that future employment or Emergency Management funded training will be given.
- That Emergency Management or the volunteer can terminate the volunteer relationship at any time for any reason.

8. Minimum qualifications:

- No prior experience necessary.
- Must be in good physical condition.
- Graduation from high school or GED equivalent.
- Must be eligible under South Dakota Law Enforcement Standards and Training Act. * Police Reserves.
- Must possess or be able to obtain an Emergency Medical Technician (EMT) certification. * Rescue Squad.
- Shall not be less than 21 years of age.
- Vision must be correctable to at least 20/40 in each eye.
- Must be a U.S. citizen.
- Must possess or be able to obtain a valid South Dakota driver's license.
- Must have a good driving history.
- Must have no convictions of any crime by any state or federal government punishable by imprisonment in a federal or state penitentiary.

I HAVE READ AND UNDERSTAND BOTH PAGES 1 AND 2 OF THIS DOCUMENT.

Date

Applicant

CONSENT FOR BACKGROUND CHECK AND WAIVER

I understand that, as a condition of my consideration for employment with Minnehaha County, or as a condition of my continued employment with Minnehaha County, Minnehaha County may conduct reviews of all information provided by me as application for this position; may obtain driving or criminal record information; may contact individuals with knowledge of my employment, educational, personal, and professional background; and may review records related to my employment and education, military service, social security verification, criminal and civil history, motor vehicle, any other public records, and any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

I authorize and request every person, firm, company, corporation, partnership, governmental agency, court, association, school, college, or branch of the military having control of any documents, records, reports, or other written information pertaining to me, to cooperate and allow inspection or provide copies of such documents, records, reports, or other written information to Minnehaha County or any of it's agents or representatives.

I hereby authorize and consent to Minnehaha County's procurement of all such reports and information. I hereby release any claim of privacy or right to a copy of such information. I also release, exonerate and discharge Minnehaha County, its agents and representatives, and any person or entity furnishing such information from any and all liability or claims now or in the future for obtaining, providing, or using this information in the employment process.

I also hereby certify that all statements and information provided to Minnehaha County as part of the pre-employment process (including any pre-employment background investigation, screening or testing) is true and complete to the best of my knowledge and belief. I also understand that any mis-statement of material fact, omission of material fact, or deception may be cause for disqualification and rejection as a candidate for employment or, if hired, grounds for termination after employment without notice and without any right of appeal.

Printed Name of Applicant or Employee (Last, First, and Middle Name)

Address, State and Zip

Social Security Number

Date of Birth

Driver's License Number

State of Issue

Signature of Applicant or Employee

Date