



**Application for**  
**Wall Economic Development Executive Director**  
PO Box 314, Wall, SD 57790  
City of Wall  
An Equal Opportunity Employer

*See attached Wall Economic Development Executive Director Job Description*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you legally eligible to be employed in the United States? YES [ ] NO [ ]

Are you a US Veteran YES [ ] NO [ ]

Are you over the age of 18 years? YES [ ] NO [ ]

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? YES [ ] NO [ ] If yes, please explain:

\_\_\_\_\_

Are you presently employed? YES [ ] NO [ ] If yes, may we contact your employer? YES [ ] NO [ ]

Are you available to work: FULL TIME [ ] NIGHTS [ ] WEEKENDS [ ]

When would you be available to begin work? \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying? YES [ ] NO [ ]  
If no, please explain.

\_\_\_\_\_

\_\_\_\_\_

Have you done any volunteer work? YES [ ] NO [ ] If yes, describe:

\_\_\_\_\_

\_\_\_\_\_

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES [ ] NO [ ] If yes, please explain and list offices held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Technical College				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES [ ] NO [ ] If yes, please describe:

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List academic honors, extracurricular activities, offices held, etc. in high school or college:

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## EMPLOYMENT Start with your present or most recent position

Name of Employer		Telephone Number ( )		
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title		
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final	Reason for Leaving
Describe the Work Performed				
<hr/>				
<hr/>				
Name of Employer		Telephone Number ( )		
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title		
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final	Reason for Leaving
Describe the Work Performed				
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Name of Employer		Telephone Number ( )		
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title		
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final	Reason for Leaving
Describe the Work Performed				
_____				
_____				
_____				

Use an additional sheet of paper if more space is necessary.  
Please be complete. You will be screened using the information you provided.  
A resume may be attached.

**PERSONAL REFERENCES Give three individuals (not relatives or employers)**

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip ____	Telephone Number ( )
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip ____	Telephone Number ( )
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip ____	Telephone Number ( )

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**It is the policy of the City of Wall to recruit, hire, train, promote, discipline, and discharge all applications and employees equally and without regard to race, religion, creed, color, national origin, sex, age, disability, political affiliation, marital or veteran status, or any other basis prohibited by state or federal law.**

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**IMPORTANT, PLEASE READ AND SIGN**

**I certify that my answers are true and complete to the best of my knowledge.**

**I understand the City of Wall is an At-Will employer. I understand, if I am hired, my employment is for no definite time and may be terminated at any time, with or without prior notice, by myself or the City of Wall.**

**Signed:** \_\_\_\_\_

**This application will remain active and on file for sixty days.**

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**RESULTS**

Employed: YES [ ] NO [ ]

If Yes, Job Title: \_\_\_\_\_

Department \_\_\_\_\_

Date beginning Employment \_\_\_\_\_

Compensation \$ \_\_\_\_\_ per \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return to:**

Dawn Hilgenkamp  
President, WEDC  
PO Box 314  
Wall SD 57790

Email: dawn.hilgenkamp@gmail.com  
C: 605.685.4166