



South Dakota High School Activities Association
804 North Euclid, Suite 102 • P.O. Box 1217 • Pierre, South Dakota 57501
Phone: (605) 224-9261 • Fax: (605) 224-9262

SDHSAA Employment Application

Section 1- Applicant Information

Full Name: _____ Date: _____
Last First MI

Address: _____
Street Address/PO Box # City State ZIP

Phone: _____ E-Mail: _____
Date Available for Employment: _____
Position for which you are applying: _____

Section 2- Education

High School: _____ City/State _____
Dates of attendance- From: _____ To: _____
Did you Graduate? Yes _____ No _____

Undergraduate Education, beginning with most recent

College: _____ City/State _____
Dates of attendance- From: _____ To: _____
Did you Graduate? Yes ___ No ___ If yes, what degree? _____

College: _____ City/State _____
Dates of attendance- From: _____ To: _____
Did you Graduate? Yes ___ No ___ If yes, what degree? _____

College: _____ City/State _____
Dates of attendance- From: _____ To: _____
Did you Graduate? Yes ___ No ___ If yes, what degree? _____

Graduate School, beginning with most recent

College: _____ City/State _____
Dates of attendance- From: _____ To: _____
Did you Graduate? Yes ___ No ___ If yes, what degree? _____

College: _____ City/State _____
Dates of attendance- From: _____ To: _____
Did you Graduate? Yes ___ No ___ If yes, what degree? _____

SDHSAA- Serving Students Since 1905

Board Chairperson – Mr. Kelly Messmer
Assistant Director – Ms. Jo Auch
Assistant Director – Mr. Brooks Bowman

Executive Director – Dr. Daniel Swartos
Assistant Director – Mr. Randy Soma
Finance Director – Mr. Ryan Mikkelsen

Section 3- Employment History

**Begin with most recent employer*

Employer: _____ Job Title: _____
City/State: _____ Phone: _____
Dates- From: _____ To: _____
Supervisor: _____ Reason for Leaving: _____
May we contact this employer for a reference? Yes _____ No _____

Employer: _____ Job Title: _____
City/State: _____ Phone: _____
Dates- From: _____ To: _____
Supervisor: _____ Reason for Leaving: _____
May we contact this employer for a reference? Yes _____ No _____

Employer: _____ Job Title: _____
City/State: _____ Phone: _____
Dates- From: _____ To: _____
Supervisor: _____ Reason for Leaving: _____
May we contact this employer for a reference? Yes _____ No _____

Employer: _____ Job Title: _____
City/State: _____ Phone: _____
Dates- From: _____ To: _____
Supervisor: _____ Reason for Leaving: _____
May we contact this employer for a reference? Yes _____ No _____

Section 4- References

Please list three references who are familiar with your work:

Full Name: _____ Relationship: _____
Company/Organization: _____ Job Title: _____
Phone Number: _____ E-Mail Address: _____

Full Name: _____ Relationship: _____
Company/Organization: _____ Job Title: _____
Phone Number: _____ E-Mail Address: _____

Full Name: _____ Relationship: _____
Company/Organization: _____ Job Title: _____
Phone Number: _____ E-Mail Address: _____

Section 5- Other Information

1. Are you claiming Veteran's Preference? Yes _____ No _____
If "Yes", indicate branch of service and discharge date: _____
2. Are you registered with Selective Service? Yes _____ No _____
3. Are you a citizen of the United States? Yes _____ No _____
If "No", can you work in the United States legally? Yes _____ No _____
4. Have you ever been asked to resign from a position? Yes _____ No _____
5. Have you ever been convicted of a crime including sex-related or abuse-related offenses? Yes _____ No _____
If "Yes", please explain: _____
6. Have you ever been convicted of a violation other than a minor traffic violation? (The term "conviction" includes any conviction, a guilty plea, a plea of nolo contendere or no contest, a suspended sentence, a deferred sentence or judgement, or a finding of guilt by a jury or judge.) Yes _____ No _____
If "Yes" please explain: _____
7. Have you ever been the subject of a complaint or have you been disciplined by a court or licensing board of any state? Yes _____ No _____
If "Yes", please explain: _____
8. Has there been any incident in your past not covered by the questions above that could/would negatively impact your position with the SDHSAA?
Yes _____ No _____
If "Yes", please explain: _____

Section 6- Disclaimer & Signature

The statements made and information given in this application are to the best of my knowledge true, accurate, and complete. I understand information in this application is subject to verification by the SDHSAA and hereby grant permission for such verification. If during verification the stated responses are determined to be false, any consideration for employment may be immediately terminated.

The SDHSAA does not discriminate in its employment practices based on gender, race, national origin, disability, or age.

Signature

Printed Name

Date