

Employment Application



Applicant Data	Date of Interview: / /
How were you referred to us:	Position Applied for:

Full Name: _____

Address _____ City _____ SD _____ Zip _____

Phone: _____ E-mail: _____

Date Available to Start: _____ Social Security Number: - - _____ Salary: _____

Have you ever worked for this company? Yes No If yes, when? _____

Type of employment desired: Full-Time Part-Time How many hours per week? _____

Education History

Name & Location of High School: _____ Did you graduate? _____

Name & Location of College: _____ Years attended: _____

Degree completed: _____

Summarize Your Special Skills or Qualifications

Previous Employment (begin with most recent position)

Date of Employment: From / / To / / Position(s) Held:

Company Name: Address:

City: State: Zip:

Phone: Supervisor: Title :

Responsibilities:

Starting Salary and Title Ending Salary and Title:

Reason for Leaving:

May we contact this employer for a reference? Yes No

Date of Employment: From / / To / / Position(s) Held:

Company Name: Address:

City: State: Zip:

Phone: Supervisor: Title :

Responsibilities:

Starting Salary and Title Ending Salary and Title:

Reason for Leaving:

May we contact this employer for a reference? Yes No

"I certify that that facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed able to give you any and all information concerning my previous employment and any pertinent information they may have, person and otherwise, and release he company from all liability for any damage that may result in utilization of such information. I also understand and agree that no representation of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: Date: / /