Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE



5509 N. Quarry Ave. Sioux Falls, SD 57104 (605) 371-3076 (605) 339-4409 Fax

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Applications are considered without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap

	DATE						
Name							
Present address		First	Middle				
	Number Street	City	State Zip				
How long			Social Security No.				
If under 18, please list a	age						
Position applied for:							
and salary desired:							
How many hours can yo	ou work weekly?						
Employment desired	☐ FULL-TIME ONL	Y PART-TIME O	NLY □ FULL- OR PART-	TIME			
When available for work	</td <td></td> <td></td> <td></td>						
	NAME OF COLLOCA	LOCATION	NUMBER OF YEARS	MAJOR &			
TYPE OF SCHOOL	NAME OF SCHOOL	(Complete mailing	COMPLETED	DEGREE			
	NAME OF SCHOOL						
High School	NAME OF SCHOOL	(Complete mailing					
High School College	NAME OF SCHOOL	(Complete mailing					
High School College Bus. or Trade School	NAME OF SCHOOL	(Complete mailing					
High School College	NAME OF SCHOOL	(Complete mailing					
High School College Bus. or Trade School	NAME OF SCHOOL	(Complete mailing					
High School College Bus. or Trade School Professional School		(Complete mailing address)					
High School College Bus. or Trade School Professional School HAVE YOU EVER BEE If yes, explain number of	N CONVICTED OF A Confiction(s), nature	(Complete mailing address) CRIME?	COMPLETED	DEGREE			

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DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No				
What is your means of transportation to work?				
Driver's license number State of issue Expiration date	Operator			
Have you had any accidents during the past three years? Y	es No How many?			
Have you had any moving violations during the past three year	rs? Yes No How Many?			
Please list two references other than relatives or previous emp	loyers.			
Name	Name			
Position	Position			
Company	Company			
Address	Address			
Telephone	Telephone			
An application form sometimes makes it difficult for an individu space below to summarize any additional information necessal which you are applying.	al to adequately summarize a complete background. Use the ry to describe your full qualifications for the specific position for			

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Work Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employerAddress		Name of last supervisor	Employment dates	Pay or salary
City, State, Zip CodePhone number			From	
			To	
		Your last job title _		
Reason for leaving (be specific)		-		
List the jobs you held, duties performed, skills used company.	or learned	, advancements or pro	omotions while you wor	ked at this
				
Name of employerAddress		Name of last supervisor	Employment dates	Pay or salary
City, State, Zip CodePhone number			From	
Thore figures			То	
		Your last job title _		
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used company.	or learned	, advancements or pr	omotions while you wor	ked at this
May we contact your present employer? ☐ Yes	s 🗆 No			
Did you complete this application yourself? ☐ Yes	s 🛚 No			
Signature			Date	

Additional Work Experience (if needed)

<u></u>	Г	1	
Name of employerAddress	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code		From	
Phone number			
	V 1 (1 (1)	To	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, company.	, advancements or pro	motions while you wor	ked at this
Name of employerAddress	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code		From	
Phone number		То	
	Vour last job title		
	-		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned,			ked at this
company			
Name of employerAddress	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip CodePhone number		From	
Thore number		То	
	Vour last job title	•	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, company.	, advancements or pro	motions while you wor	ked at this