

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 _____
Last First Middle

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____

Telephone _____

If under 18, please list age _____

Position applied for: _____
 and salary desired: _____

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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Work experience 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 employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor _____	Employment dates	Pay or salary
		From _____ To _____	
Your last job title _____			

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

Name of employer _____ Address _____ City, State, Zip Code _____ Phone number _____	Name of last supervisor _____	Employment dates	Pay or salary
		From _____ To _____	
Your last job title _____			

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

Signature _____

Date _____

Additional Work Experience (if needed)

Name of employer _____ Address _____	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code _____ Phone number _____		From _____ To _____	
Your last job title _____			
Reason for leaving (be specific) _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____ _____ _____			

Name of employer _____ Address _____	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code _____ Phone number _____		From _____ To _____	
Your last job title _____			
Reason for leaving (be specific) _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____ _____ _____			

Name of employer _____ Address _____	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code _____ Phone number _____		From _____ To _____	
Your last job title _____			
Reason for leaving (be specific) _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____ _____ _____			