



EMPLOYMENT APPLICATION

Employees will receive consideration without discrimination because of race, creed, sex, age, national origin, handicap or veteran status.

PO Box 89527
Sioux Falls, SD 57109
605-361-1071
800-4634272
Fax 605-361-1106

Personal

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location _____			Social Security No.
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked?
Are you legally eligible for employment in the United States?			When will you be available to begin work?
Do you require any accommodations to perform the essential job functions of this job?			

Employment

1	Company Name	Telephone
	Address	Employed (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
2	Company Name	Telephone
	Address	Employed (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
3	Company Name	Telephone
	Address	Employed (State month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
We may contact the employers listed above unless you indicate those you do not want us to contact.		DO NOT CONTACT Employer Number(s) _____ Reason _____

**Education/
Military**

Circle last year completed	Elementary	5	6	7	8	Describe other education or training
	High School	1	2	3	4	
	College	1	2	3	4	
Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, in what Branch?				Describe any training relevant to the position for which you are applying.	

The information provided in this Employment Application is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature	Date
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