

Application for Employment

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

NAME: _____

LAST FIRST MIDDLE

ADDRESS: _____

STREET CITY SD ZIP

TELEPHONE: HOME () _____ SOCIAL SECURITY NUMBER _____

WORK () _____

If you are under 18, can you furnish a work permit? Yes _____ No _____

Have you ever been employed here before? _____ If yes, when? _____

Are you legally eligible for employment in this country? Yes _____ No _____

Date available for work? _____ What is your desired salary range? _____

Type of employment: Full-time Part-time Temporary Seasonal

Are you able to meet the attendance requirements of this position? _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____

If yes, please provide dates and details. _____

Driver's license number if driving is an essential job function? _____ State _____

EMPLOYMENT HISTORY:	Employer
From: To:	Address
Job Title	Summarize the nature of work performed and job responsibilities
Immediate Supervisor and Title	
May we contact for a reference?	
Reason for leaving?	Hourly rate/Salary Start: Final:
EMPLOYMENT HISTORY:	Employer
From: To:	Address
Job Title	Summarize the nature of work performed and job responsibilities
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Reason for leaving?	Hourly rate/Salary Start: Final:

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position you are applying for:

EDUCATION BACKGROUND:	YEARS COMPLETED	GRADUATE?	COURSE OF STUDY?
NAME AND LOCATION:			
HIGH SCHOOL			
COLLEGE			
OTHER			

REFERENCES:		
NAME	TELEPHONE:	YEARS KNOWN:
1		
2		
3		

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or immediately discharge me from the employer's services, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in the is application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me. I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I certify that I have read, fully understand and accept all the terms of the foregoing statement.

Signature _____ Date _____