



1321 W Dow Rummel St.

Sioux Falls, SD 57104

(605) 336-1490

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination as provided under applicable state and federal law.

PLEASE PRINT Date of Application / / Position(s) Applied For:

Referral Source: Advertisement Friend Employee Relative Walk-in Private Employment Agency: Other

Name of Source (if applicable)

Name Last First Middle Address Number Street/PO Box City State Zip Code Telephone () Area Code Best time to call you at home is AM/PM Social Security Number / /

Have you ever been employed here before? Yes No If yes, give date

Are you employed now? Yes No May we contact your present employer? Yes No

May we contact you at work? Yes No If yes, work number and best time to call () - AM/PM

Are you prevented from lawfully becoming employed in this country? Yes No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed. Please be prepared to assure us that you can do so immediately upon being hired.

On what date would you be available for work? / / Expected Salary:

Are you available to work: Full-Time Part-Time Temporary Seasonal, what days? S M T W T F S

Will you work overtime if required? Yes No Will you travel if job required it? Yes No Will you relocate if job required it? Yes No

Have you been convicted of a felony in the last (7) YEARS? Yes No (Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, explain

Have you ever been bonded? Yes No Drivers license number (if required by job) State

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, age, national origin, disability):

EDUCATION

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, sex, age, disability or national origin.

Table with columns for School Name, Elementary (4-8), High School (9-12), College/University (1-4), and Graduate/Professional (1-4). Includes rows for Years Completed, Diploma/Degree, Describe Course of Study, and Describe Specialized Training.

Honors received:

Special Skills acquired from employment or other experience

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate, for example, race, color, religion, sex, age, disability or national origin.

Employer Telephone ()	Dates Employed		Summarize the nature of the work performed
Address	From	To	
Job Title	Hourly Rate/Salary		
	Starting	Final	
Immediate Supervisor/Title			
Reason for Leaving			
May we contact for reference? Yes No Later			

Employer Telephone ()	Dates Employed		Summarize the nature of the work performed
Address	From	To	
Job Title	Hourly Rate/Salary		
	Starting	Final	
Immediate Supervisor/Title			
Reason for Leaving			
May we contact for reference? Yes No Later			

If you need additional space, please continue on a separate sheet of paper.

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	() -	
	() -	
	() -	

State any additional information you may feel may be helpful to us in considering your application or comments. _____

APPLICANT'S STATEMENT

I understand and agree that any misrepresentation by me in this application will be sufficient cause for rejection of this application and/or termination of employment if I am hereafter employed by the Company. Furthermore, if I am hired, I understand that I am free to resign at any time, and that the Company reserves the right to terminate my employment at any time, with or without cause, and without proper notice. I understand that no representative of the Company has authority to make any representations or assurances to the contrary. I acknowledge and agree that any changes in such employment relationship must be made in writing and signed by an authorized representative of the Company.

I understand that if you make an offer of employment to me it may be a conditional offer of employment and I may be required to submit to a pre-employment medical exam and to provide information in response to your medical inquiries, the results of which might disqualify me from employment. If requested, I agree to furnish such information and to submit to such examinations.

I understand that I may be requested to submit to a test to detect the current illegal use of drugs and, if the test results identify that I am a current illegal user of drugs, I will not be eligible for employment by the Company. I further understand that I have the right to refuse to submit to such tests or to consent to such tests of my own free will.

I authorize the Company to make a thorough investigation of my past employment, education, and job-related activities. To the extent permitted by law. I release the Company from any liability which might result from making such investigation and I also release from any liability all persons and entities supporting such information.

I acknowledge that the Company is an equal opportunity employer and that the Company does not discriminate in employment. I understand that no question on this application is used for the purpose of limited or excluding the Company's consideration of me for employment on a basis prohibited by federal, state, or local law nor is it used by the Company for the purpose of attempting to obtain information prohibited by federal, state, or local law.

I understand that the Company will consider this application to contain current information for a period of only sixty (60) days. At the expiration of sixty (60) days, if I have not heard from the Company and if I still desire to be considered for employment, I understand that it will be necessary for me to complete a new application.

Signature

Date