

Application For Employment

An Equal Opportunity Employer



68-4
3-14-2000

Position Desired _____ Date _____

Full Time Employment _____ Part Time Employment _____ Temporary or Summer Employment _____

On what date would you be available for work? _____

Name _____
Last First Middle Birth Name

Address _____
Street or Box Number City State Zip Code

Social Security Number _____ Telephone Number _____

Leave Message With: Name _____ Telephone Number _____

EMPLOYMENT

Beginning with the most recent, list prior as well as current employment. Include military service. If you were not gainfully employed for any period of time, be sure to include the reason why. If more space is needed, attach additional information.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Job Title				
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Job Title				
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Job Title				
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Job Title				
Reason for Leaving				

EDUCATION

	Name of School	City and State	Years Completed	Did you Graduate?	Major Subjects	Degrees Received
High School						
Vocational or Business School						
College or University						
Other (Include courses presently taking)						

Do you possess keyboarding skills? Yes _____ No _____ If yes, speed: _____

Do you possess a valid driver's license? Yes _____ No _____

If yes, indicate: Operators _____ CDL _____ State _____ License Number _____

List any professional licenses or certifications: _____

NOTICE: The Fair Credit Reporting Act (Public Law 91-508) requires that we notify you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, and personal characteristics. Upon written request, additional information as to the nature and scope of this report, if one is made, will be provided.

Have you ever been employed by a division of Dakota Dunes?

Yes _____ No _____ If yes, when? _____ Division: _____

Do you have any relatives working for a division of Dakota Dunes? Yes _____ No _____

If yes, list name(s) of relative(s): _____

Have you ever been convicted of a crime? Yes _____ No _____ Date of Convictions: _____

If yes, explain: _____

May we contact your present employer? Yes _____ No _____

APPLICANT'S STATEMENT

I certify that the statements herein are correct and true to the best of my knowledge. I understand that falsification of this application or failure to give any material information will void this application or result in my termination if hired.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application is not a contract of employment. I understand that if I am hired, the employment relationship between me and the Company is "at will." That is, the relationship can be severed by either myself or the Company at any time for any reason.

I understand that the Immigration Reform and Control Act of 1986 (Public Law #99-603) requires that all new employees must provide documents proving their U.S. citizenship or their authorized alien work status to begin employment. I further understand that all job offers are conditional on the production of satisfactory documentation, as required by this law.

I understand and agree that if conditionally offered employment, I may be required to take an entrance medical examination which includes a drug screen based on analysis of body fluids. I further understand if alcohol, prescription drugs or any controlled substance is detected through the screening process, that in the absence of an acceptable medical explanation, I will not be considered for employment with the Company for six months following the date of the entrance medical examination.

Applicant's Signature