

# 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 of 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