



3916 North Potsdam Avenue  
Sioux Falls, SD 57104  
605.332.3711

## APPLICATION FOR AT WILL EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

### PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Social Security Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

E-mail Address: \_\_\_\_\_

Referral Source (Please check and specify source):  
 Newspaper     Radio     Internet     Referral  
 Name of Source: \_\_\_\_\_

Have you ever worked under or attended school under a different name?  Yes  No  
 If yes, what name? \_\_\_\_\_

### EMPLOYMENT DESIRED

Production     Regular     Temporary or Summer Work     Part Time  
 Support Staff     1<sup>st</sup> Shift (M-F days)

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Are you employed now?  Yes  No If so, may we contact your present employer?  Yes  No

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of employment.

### EDUCATION/TRAINING

	Name and Location of School	Check Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School	_____	1 2 3 4	<input type="checkbox"/> Yes	
	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No	
College	_____	1 2 3 4	<input type="checkbox"/> Yes	
	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No	
Trade, Business or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes	
	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No	

Other Special Training You Have Received	Training _____	Place _____	Date _____
	Training _____	Place _____	Date _____

Are you an Armed Forces Veteran?  Yes  No

**EMPLOYMENT RECORD**

List below your last four employers, starting with most recent or current position.

Date Month and Year	Name and Address of Employer	Salary	Duties of Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

**REFERENCES**

Give below the names of three of the above employers whom we may contact.

1.	Employer/Supervisor	Company	Telephone
2.	Employer/Supervisor	Company	Telephone
3.	Employer/Supervisor	Company	Telephone

I authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal and otherwise. I release these parties from any liability for any damage that may result from furnishing this information to you.

**PERSONAL RECORD**

I hereby consent to a medical exam as requested by DakotaPost as a condition of potential or continuing employment.

Another number at which I may be reached: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without previous notice.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_