



Application for Employment

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

“Special accommodations for application, training or job information in alternative formats available upon request”

Position applied for: _____

Name: _____
Last First MI

Mailing Address: _____
Street/Box City State/Zip

Email Address: _____

Telephone Number: _____
Home Work

If hired, can you furnish proof that you are 18 years of age, or if under 18, do you have a permit to work? _____
If no, please explain: _____

If hired, can you furnish proof that you are eligible to work in the United States? If no, please explain: _____

(If unsure of the documents needed to prove eligibility to work in the US, we will be happy to explain the legal requirements.)

Will you accept:
Full-time Employment _____ Part-time Employment _____ Temporary Employment _____

If hired, will you be able to work during the normal days and hours required for the position(s) for which you are applying?

If no, please explain: _____

Has this company ever employed you in the past? _____ If yes, please give dates of employment, positions held, and state your name while employed, if different than present name: _____

If your application is considered favorably, on what date will you be available to work? _____

How did you hear about Dakotaland? _____



References: List those persons willing to provide personal and/or professional references. Please do not list any relatives or any former employers. Providing this information means that you give the organization permission to contact the references listed.

Name	Complete Address	Daytime phone and best time to contact
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Educational History:

School	Name & Address	Course of Study	Did you Graduate?	Degree or Diploma
Secondary:				
Post Secondary:				
Other:				

Do you have all the licenses and professional certifications listed in the job announcement, job advertisement or job description, or that are necessary to perform the job(s) for which you are applying? If no, please explain:

Use this space to identify any other educational experiences you have had which are *pertinent* to the position for which you applied. Include workshops, seminars, military or vocational training, etc. which are not listed above. Indicate the number of hours involved, number of weeks and/or number of credits, etc.): _____

Have you ever been convicted of a felony or released from prison in the past 10 years? Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered. If yes, please explain: _____



Work History

Begin with your current or most recent position and work backwards. List each promotion as a separate job. Include any paid or verifiable non-paid experience. Be as accurate and complete as possible, especially in describing the duties of each position. If you need additional space, attach additional sheets using the same format.

A. Employer: _____ Job Title: _____ From: _____ To: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: ____ Average hours worked per week ____ 1-10 ____ 11-20 ____ 21-30 ____ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

B. Employer: _____ Job Title: _____ From: _____ To: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: ____ Average hours worked per week 1-10 ____ 11-20 ____ 21-30 ____ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____



C. Employer: _____ Job Title: _____ From: _____ To: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: ____ Average hours worked per week ____ 1-10 ____ 11-20 ____ 21-30 ____ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

D. Employer: _____ Job Title: _____ From: _____ To: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: ____ Average hours worked per week ____ 1-10 ____ 11-20 ____ 21-30 ____ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

Additional Space:



Please Read and Sign Below:

I give my consent to any pre-employment physical examination required by this company after any conditional offer of employment has been made.

If employed, I understand that my employment is for no definite period of time and if terminated, the employer is liable only for wages earned as of the date of termination.

I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I further authorize investigation of all statements I have made. Misrepresentations, falsifications or omission of facts called for in this application or in the interview process are cause for cancellation of this application or termination of employment. **Unsigned applications will not be considered.**

Signature: _____ **Date:** _____

Authorization for reference requests (sign below):

I have applied with Dakotaland Manufacturing for employment and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the requested information concerning my employment with your organization and hereby release you from any and all liability of damages for providing the information requested.

Applicants Signature: _____ **Date:** _____

Dakotaland Manufacturing, in accordance with state and federal laws, does not discriminate on the basis of age, race, color, ancestry, national origin, creed, religion, sex, marital status, disability or any other protected class.

Dakotaland Manufacturing recognizes that South Dakota is an employment at-will state and maintains the employment at-will status for all employees.