



APPLICATION FOR EMPLOYMENT

Dakota Digital Inc.
4510 W. 61st Street N.
Sioux Falls, SD 57107

INSTRUCTIONS:

1. Save employment application PDF to your computer.
2. Fill out application form and save changes.
3. Email to Tammy Fossum at fossum@dakotadigital.com with the subject "Application for Employment"

TODAY'S DATE

PERSONAL INFORMATION

_____ LAST NAME		_____ FIRST NAME		_____ DRIVERS LICENSE NUMBER	
_____ PRESENT ADDRESS		_____ CITY	_____ STATE	_____ ZIP CODE	
_____ PERMANENT ADDRESS		_____ CITY	_____ STATE	_____ ZIP CODE	
_____ PHONE NUMBER (With area code)			_____ REFERRED BY		

EMPLOYMENT DESIRED

_____ POSITION DESIRED		_____ DATE YOU CAN START		_____ SALARY DESIRED	
YES	NO	YES	NO	YES	NO
_____ ARE YOU EMPLOYED NOW?		_____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		_____ ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US?	
_____ HAVE YOU EVER APPLIED TO DAKOTA DIGITAL BEFORE?		_____ DATE YOU LAST APPLIED			

EDUCATION HISTORY

_____ HIGH SCHOOL (Name & location)	_____ YEARS ATTENDED	YES	NO	_____ DID YOU GRADUATE?	_____ SUBJECTS STUDIED
_____ COLLEGE (Name & location)	_____ YEARS ATTENDED	YES	NO	_____ DID YOU GRADUATE?	_____ SUBJECTS STUDIED
_____ TRADE SCHOOL (Name & location)	_____ YEARS ATTENDED	YES	NO	_____ DID YOU GRADUATE?	_____ SUBJECTS STUDIED

GENERAL INFORMATION

_____ SUBJECTS OF SPECIAL STUDY / RESEARCH WORK	
_____ SPECIAL TRAINING	
_____ SPECIAL SKILLS	
_____ US MILITARY OR NAVAL SERVICE	_____ RANK

FORMER EMPLOYERS List below your last four employers, starting with the most recent.

NAME & ADDRESS OF EMPLOYER			
DATE (MONTH & YEAR) OF EMPLOYMENT	SALARY	POSITION	REASON FOR LEAVING
JOB DUTIES			

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JOB DUTIES			

REFERENCES Provide names of three persons not related to you, whom are work related.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
NAME	ADDRESS	BUSINESS	YEARS KNOWN
NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE. THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

DATE	SIGNATURE (If filling out PDF form on computer, type first and last name to indicate approval of AUTHORIZATION)
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INTERVIEWED BY	SIGNATURE OF INTERVIEWER
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