



APPLICATION FOR EMPLOYMENT

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		DRIVERS LICENSE NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO DAKOTA DIGITAL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	DATE?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL _____			
COLLEGE _____			
TRADE SCHOOL _____			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK _____

SPECIAL TRAINING _____

SPECIAL SKILLS _____

US MILITARY OR NAVAL SERVICE	RANK
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FORMER EMPLOYERS (List Below Your Last Four Employers, Starting with the Most Recent) _____

1) NAME & ADDRESS OF EMPLOYER _____

DATE (MONTH & YEAR) OF EMPLOYMENT	SALARY	POSITION	REASON FOR LEAVING
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JOB DUTIES _____

2) NAME & ADDRESS OF EMPLOYER _____

DATE (MONTH & YEAR) OF EMPLOYMENT	SALARY	POSITION	REASON FOR LEAVING
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JOB DUTIES _____

3) NAME & ADDRESS OF EMPLOYER _____

DATE (MONTH & YEAR) OF EMPLOYMENT	SALARY	POSITION	REASON FOR LEAVING
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JOB DUTIES _____

4) NAME & ADDRESS OF EMPLOYER _____

DATE (MONTH & YEAR) OF EMPLOYMENT	SALARY	POSITION	REASON FOR LEAVING
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JOB DUTIES _____

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM ARE WORK RELATED) _____

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

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 UNDERSTAN AND AREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO EENTER 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 _____

INTERVIEWED BY _____ SIGNATURE _____