



TODAY'S DATE

**PERSONAL INFORMATION**

LAST NAME		FIRST NAME		DRIVERS LICENSE NUMBER
PRESENT 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**

HIGHEST EDUCATION (Name & location)	YEARS ATTENDED	YES	NO	SUBJECTS STUDIED

**SPECIAL SKILLS / TITLES / MILITARY**


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

NAME OF BUSINESS / JOB TITLE	DATE (MONTH & YEAR) OF EMPLOYMENT	SALARY
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**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)