104 Ash Street East, Sisseton, SD 57262

Phone (605) 698-7654 Fax (605) 698-3038
Website: growsd.org Email: info@growsd.org

Application for Employment

Date_____

Name_____ Social Security Number_____

Address_____ City_____ State____ Zip Code_____

Home Phone_____ Cell Phone_____

Email_____

Employment Position Desired_____ Date you can start_____ Salary desired_____

Are you interested in working Full or Part Time? Full time____ Part time___

Education History

Schools	Name and location of school	Years attended	Did you graduate	Subjects studied
High School				
College				
Trade, Business or Correspondence School				

U.S. Military or Naval Service:	Rank:

Subjects or special study/research work or special training/skills:

_____

_____

Are you willing to work overtime if required? Yes___ No___

Can you travel if a job requires it? Yes___ No____

Do you have a valid driver's license? Yes___ No____

NeighborWorks® CHARTERED MEMBER

EQUAL HOUSING OPPORTUNITY

GROW SOUTH DAKOTA is an Equal Opportunity Lender, Provider, and Employer
Complaints of discrimination should be sent to: USDA, Director, Office of Adjudication, 1400 Independence Ave SW, Washington DC 20250-9410

How did you hear about this job opportunity?_____

Are you currently employed? Yes___ No___

If so, may we inquire of your current employer? Yes___ No___

Employers (List below last three employers, starting with most current one first)

Month and Year	Name and address of employer	Salary	Position	Reason for Leaving	Work performed and job duties
From					
To					
From					
To					
From					
To					

References (Give the names of three individuals not related to you, whom you have known at least one year.)

Name	Address	Phone #	Business	Years Known

Are you a U.S. Citizen? Yes_____ No_____

If no, do you have a work authorization number? Yes_____ No_____

Have you ever been convicted of any felony? Yes_____ No_____

Have you ever been convicted of a misdemeanor involving dishonesty, criminal sexual conduct, assault or battery, or any criminal drug statute? Yes_____ No_____

If yes, please explain: _____

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 any 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_____

"The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it. we are required to note the race and ethnicity of applicants on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below."

☐ I do not wish to furnish the information.

Race: (Mark one or more)
White____
Black or African American____
American Indian/Alaska Native____
Asian____
Native Hawaiian or other Pacific Islander____

Ethnicity: (Mark one)
Hispanic or Latino____
Not Hispanic or Latino ____

Gender: Male____ Female____

____Information provided by management