



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:
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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 _____



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