

APPLICATION FOR EMPLOYMENT

INSTITUTE

We consider applicants of all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

		(PLEASE	PRINT)			
					Date:	
Position(s) Applying Fo	r:					
How did you learn abou	it us?					
Advertisement	Friend	Walk-In	Employ	ment Agency	Relative	
Other						
Last Name		First Name			Middle Nan	ne
Address Number	Street		City	State		Zip
() -				-	-	
Phone				Social	Security Num	ber
If you are under the age of	10 000 000 000	ida raquirad proc	of of your oligib	Salvana at ratific	Vog	No
						No
Are you prevented from lar Proof of citizenship or			•	e of Visa or Im	migration Stati	ıs?
	_				Yes	No
Have you been convicted o		Yes	No			
If yes, please explain						
Have you ever applied with	n this company?				Yes	No
			If	yes, give date		
Have you ever been emplo	yed with this con	npany?			Yes	No
			If	yes, give date		
Are you currently employe	d?				Yes	No
May we contact your prese	ent employer?				Yes	No
On what date would you be	e available to star	rt?				
What are you available to v	work?		Full-ti	mePar	t-time	Temporary
Can you travel if the job re	quires it?				Yes	No

MENTAL HEALTH

STEPPING STONES

901 South Miller • Mitchell SD 57301 605-995-8180 • fax: 605-995-8183

EDUCATION

	1		1					
	Name	& Location	No. of ye	ears attende	ed	Did you graduate Diploma/Degre	e? e	Subjects studied
Grammar School								
High School								
Technical College/University								
Graduate / Professional								
GENERAL								
Any additional information you feel may be helpful to us in considering you for this position:								
US Military Service						·	Rank	
Are you physically or otherwise able to perform the duties of the job you are applying for?YesNoNoNoNoNoNoNoNoNoNoNoNoNoNoNONONO								
Dates Employed: Month & Year	1	Name & Address Salary			Position Reason		son for Leaving	
From:								
To:								
From:								
То:								
From:								
То:								
	REFERENCES (List 3 people who are not related to you and you have known for more than a year.)							
Name		Address/Phone			Business		Years Known	
1.								
2.								
3.								

APPLICANT'S STATEMENT

"I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed. My employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in wrong and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing."

Signature	Date