



**EMPLOYMENT APPLICATION – PLEASE PRINT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position you are applying for: \_\_\_\_\_ Date Available: \_\_\_\_\_

What type of employment are you seeking?  Full-time  Part-time Desired Hourly Wage: \$ \_\_\_\_\_

Are you a citizen of the United States? **YES or NO** If no, are you authorized to work in the U.S.? **YES or NO**

Have you ever worked for this company? **YES or NO** If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? **YES or NO** If yes, explain: \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

Did you graduate: **YES or NO** If no, do you have a GED? **YES or NO**

Technical or College: \_\_\_\_\_ City, State: \_\_\_\_\_

Did you graduate: **YES or NO** Degree: \_\_\_\_\_

**MILITARY SERVICE:**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**WORK EXPERIENCE:**

Company: \_\_\_\_\_ City, State: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ City, State: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ City, State: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Describe any additional skills or qualifications related to the position you are applying for: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** Please list three professional references:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_ City, State: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_ City, State: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_ City, State: \_\_\_\_\_

Do you have any physical limitation? **YES or NO** If yes, explain: \_\_\_\_\_

Do you have a valid Driver's License? **YES or NO** State: \_\_\_\_\_ Do you have a CDL? **YES or NO**

Do you have a current SD Pesticide Applicators License? **YES or NO**

Are you a high school or college student? **Yes or NO** If yes, can you work part-time during school? **YES or NO**

**I attest that the information that I have stated is factual and complete to the best of my knowledge. I understand that if any information I have given is knowingly falsified, I will be denied employment or immediate termination of employment, regardless of how or when it is discovered.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date