



PO Box 17
 204 Main St
 Murdo SD 57559-0017
 Phone: (605) 669-8100
 E-mail: wcec@wce.coop

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

| | |
|--------------------------------|----------------------------|
| Position(s) Applied For | Date of Application |
| | |

| | | |
|--------------------------------------------|-----------------------------------|--------------------------------------|
| How Did You Learn About Us? | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Inquiry |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |

| | | | |
|---------------------|-------------------|--------------------|-----|
| Last Name | First Name | Middle Name | |
| | | | |
| Street or PO Box | City | State | Zip |
| Telephone Number(s) | | | |
| | | | |

Best time to contact you at home is: _____:_____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
 If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Date available for work ____/____/____ What is your desired salary range? _____

Are you available for work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have a valid South Dakota driver's license? Yes No CDL

Can you travel if a job requires it? Yes No

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EDUCATION

| School | Name and Address of School | Course of Study | No. of Years Completed | Diploma / Degree |
|-------------------------|----------------------------|-----------------|------------------------|------------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate / Professional | | | | |
| Other (Specify) | | | | |

WORK EXPERIENCE

Start with your present or last job, military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | |
|----------------------------|---------------------------------|--|----------------|
| Employer | Dates Employed From To | | Work Performed |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary From To | | |
| Starting/Present Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | | | |
| | | | |
| Employer | Dates Employed From To | | Work Performed |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary From To | | |
| Starting/Present Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | | | |
| | | | |
| Employer | Dates Employed From To | | Work Performed |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary From To | | |
| Starting/Present Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | | | |
| | | | |

[Type here]

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WORK EXPERIENCE (Continued)

| Employer | Dates Employed | | Work Performed |
|----------------------------|--------------------|----|--------------------------------------------------------------------------|
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| Starting/Present Job Title | From | To | |
| Supervisor | | | |
| Reason for Leaving | | | |
| | | | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments: *Include explanation of any gaps in employment.*

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience*

SPECIALIZED SKILLS (Skills, Equipment Operated)

| Office Equipment/Software Programs | Equipment / Mobile Machinery (List) | Other |
|------------------------------------|-------------------------------------|-------|
| | | |

State any additional information you feel may be helpful to us in considering your application.

NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

[Type here]

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PERSONAL / PROFESSIONAL REFERENCES

Do not include family members or past supervisors

| Name | Phone Number | Best Time to Call | Occupation |
|------|--------------|-------------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

 Signature of Applicant

 Date

[Type here]

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