

Black Hills Exteriors LLC 2507 E Saint Patrick St Rapid City SD 57703

Application for Employment (Equal Opportunity Employer)

GENERAL								
Name:								
Date of Birth:	_Email	3 4 ASS						
Address:		How Long?						
Date Available for Employment:								
Have you ever been employed by this company?	☐ Yes	□No						
Are you employed now?	☐ Yes	□No						
May we contact your present employer? If yes, give name:	☐ Yes	□ No						
In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States, and to complete the required employment eligibility verification document form upon hire.								
Type of work desired:								
Desired Salary: \$								
If applying for a position where driving is required, do you have a valid driver's license in this state? License Number:								
Do you have experience pulling a trailer?								
_Past 7 years have you been convicted of or pled guilty to (by paying fine) ☐ any moving traffic violation ☐ any speeding tickets ☐ any criminal driving misdemeanors? If yes, provide full explanation								
In the past 7 years, have you been convicted of, or pled guilty to, any misdemeanors or felonies? Include any prison time served. If yes, attach a full explanation.								
Do you have any outstanding warrants or charges currently pending? If yes, attach a full explanation.								
In the past 5 years of employment have you been disciplined or discharged for any of the following: If yes, attach a full explanation Yes No Absenteeism, tardiness, failure to give notice when absent or any attendance relation reason? Insubordination, rudeness, or inappropriate behavior towards customers or coworkers? Yes No Safety violations of any kind, fighting, assault or related offenses? Theft, fraud, unauthorized use or removal of company property, or related offenses?								
Can you perform the essential functions of the job(s) for		oplying?						
Are you available to work: Full-Time Part-Time Over-time								

EDUCATION			
	Elementary	Secondary	College
School Name and Address			
Grade Completed	4 5 6 7 8	9 10 11 12	1 2 3 4
Course of Study			
employment opportunity reasonable accommoda unless to do so would of SPECIAL SKILLS, QUA	ALIFICATIONS, AND CONSIDER s and qualifications, volunteer ac	th Disabilities Act of 1990 requir disabilities who are employees o	es an employer to provide
		######################################	
REFERENCES			
List three (3) non-relativ	res who are familiar with your qua	alifications, work history, and abi	lity.
Name	Occupation/Relatio	nship Years Known	Telephone

Employer:		Your Job Position:						
Address: Telephone Number:								
Your Salary: Starting/Ending:								
What did you like most about your job?	Duties:							
Reason for Leaving:								
Employer:	Supervisor's Name:							
Address:								
Telephone Number:	Employed from	(mo/vr) to	(mo/yr)					
Your Salary: Starting/Ending:	Duties:							
What did you like most about your job?								
Reason for Leaving:								
Employer: Address: Telephone Number: Your Salary: Starting/Ending:	Your Job Position: Employed from Duties:	(mo/yr) to	(mo/yr)					
What did you like most about your job? Reason for Leaving:								
Employer:	Supervisor's Name:							
	Supervisor's Name: Your Job Position:							
Address:	Your Job Position:							
Employer:Address:	Your Job Position: Employed from Duties:	(mo/yr) to	(mo/yr)					

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize <Enter Company Name> to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of <Enter Company Name> as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of <Enter Company Name> or at my option, without notice, at any time and for any reason.

I also understand that no representative of <Enter Company Name> has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of <Enter Company Name>.

I understand this application is not an offer of employment and no promises or representations of employment have made to me at this time.

		This certifies te to the best		was	completed t	y me,	and	that all

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more

than ninety (90) days from date signed, I will submit a new application.

Signature of Applicant

(Retain in the Black Hills Exteriors' employment files.)