

Pierre Area Referral Service

Helping People Help Themselves Since 1974

2520 E. Franklin Street, Pierre, SD 57501



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____

Position Applied for: _____

Have you ever attended school or been employed under any name other than used above? YES NO Name: _____

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Do you have a valid driver's license? YES NO License #: _____

Education

High School: Address: _____
From: To: Did you graduate? YES NO Degree: _____
Higher Education: _____

Address: _____
From: To: Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I further understand that, if hired, my employment is at-will and can be terminated at any time, with or without notice, for any reason. The undersigned hereby authorizes a background check to include but not be limited to work, credit, or criminal history of the undersigned applicant for consideration of employment. The undersigned also understands that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from employment.

Signature: _____ Date: _____

PLEASE SEND COMPLETED APPLICATIONS TO:
CIC BOARD, PO BOX 105, PIERRE SD 57501