



1116 S 4th Ave., Sioux Falls, SD 57105 • 605-334-4220 • www.dakotabilities.org

# APPLICATION FOR EMPLOYMENT

## NOTE TO THE APPLICANT

- This form is intended to help evaluate your qualifications for employment. Applications must be filled out completely and accurately. Misleading or false information given during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment.
- It is policy of this organization that all applicants will receive consideration without discrimination on the basis of race, color, religion, national origin, sex, marital status, age, disability, genetics, sexual orientation, or any other prohibited basis of discrimination, as provided under applicable state and federal law.
- Employment is conditioned upon verification of information and upon passage of a preemployment drug-screen test. Failure to submit to a drug-screening test, attempts to adulterate the sample, or a positive test for illegal drug use will be considered grounds for disqualification or dismissal.
- If you require assistance or accommodation in completing the application form, or in any phase of the employment selection process, notify the individual who gave you this application, or the Human Resources Department of the Agency. Efforts will be made to accommodate your needs in a timely manner.

## PERSONAL INFORMATION

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Present Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Street Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you 18 or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you a U.S. citizen, or a non-citizen authorized to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date Available \_\_\_\_\_

Shift Available: [ ] Mornings [ ] Days [ ] Evenings [ ] Nights

[ ] Split Shifts [ ] 12-Hour Shifts [ ] Weekends [ ] Any Hours

Hours Available: [ ] Full-time only [ ] Part-time only [ ] Either [ ] Temporary

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Have you applied to DakotAbilities before? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

Do you currently have any relatives employed by this organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give their names: \_\_\_\_\_ Relationship? \_\_\_\_\_

## EDUCATION

Circle highest grade level completed: 6 7 8 9 10 11 12 13 14 15 16 16+

	Name and Location of School	# of years Attended	Did you Graduate?	Subjects Studied / Degree / Major
High School				
College				
Other School				
Other Training				

## JOB-RELATED SKILLS

Professional License: \_\_\_\_\_ Licensing Board: \_\_\_\_\_

List any other skills, abilities, equipment knowledge, licenses, or certifications that may be job-related or that you think may be of value in this position or to this organization:

\_\_\_\_\_

\_\_\_\_\_

(If driving is required for this position): Do you have an appropriate driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

(If driving is required for this position): Have you had any moving violations? Yes \_\_\_\_\_ No \_\_\_\_\_

## WORK HISTORY (FROM MOST RECENT)

Please account for all time periods by recording all activities, including employment, military schooling, and volunteer work. Use additional paper if necessary.

Employer _____	Position: _____	Salary: _____
Address: _____	Responsibilities: _____	
From (Mo/Yr): _____ To (Mo/Yr): _____	_____	
Supervisor: _____	Phone: _____	_____
Reason for Leaving: _____	_____	

Employer _____	Position: _____	Salary: _____
Address: _____	Responsibilities: _____	
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Supervisor: _____	Phone: _____	_____
Reason for Leaving: _____	_____	

Employer _____	Position: _____	Salary: _____
Address: _____	Responsibilities: _____	
From (Mo/Yr): _____ To (Mo/Yr): _____	_____	
Supervisor: _____	Phone: _____	_____
Reason for Leaving: _____	_____	

**SECURITY**

What other states have you lived in during the past seven years? \_\_\_\_\_

What other names or social security numbers have you used? \_\_\_\_\_

Have you been convicted or plead guilty to a felony? (Do not include juvenile crimes.) Yes \_\_\_\_\_ No \_\_\_\_\_

Convicted of a misdemeanor? (other than traffic tickets) Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been prosecuted, investigated or convicted of any crime involving health care fraud? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to any of the above questions, explain. (This will not necessarily disqualify you. Information will be reviewed for job relatedness.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES** (LIST AT LEAST THREE – NO RELATIVES, PLEASE.)

Name	Phone Number	Type of Relationship

**PLEASE READ THE FOLLOWING SECTION CAREFULLY AND SIGN WHERE INDICATED:**

- I understand that DakotAbilities, Inc. is a clean air facility, and that no smoking is allowed on the premises of any facility.
- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
- I authorize investigation of all statements contained herein. I authorize the employers and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.
- I authorize DakotAbilities to perform the background investigations necessary to confirm my qualifications for this position.
- I certify that I have not been excluded as a federal health care provider pursuant to §1128 of the Social Security Act. I understand that my inclusion in the federal government’s database of excluded providers is grounds for disqualification or dismissal.
- I understand that, if hired, my employment is “at will” and for no definite period. I understand that my employer and I both reserve the right to terminate the employment relationship at any time. as provided in the current Personnel Policies and Procedures Manual.
- I understand this application may remain active for 60 days, after which time I will need to resubmit an application if I would like consideration for a position.

\_\_\_\_\_ Date

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