

Wheatcrest Hills

P.O. Box 939
West Hwy 10
Britton, SD 57430

Phone 605-448-2251
Fax 605-448-5583

APPLICATION FOR EMPLOYMENT

Please print clearly

Personal Information

Date of Application _____ Date Available _____

Name _____ Social Security # _____

Last First Middle

Present Address _____ Phone Number _____

If you cannot be reached at above phone number, where may we contact you? _____

Employment Desired

Type of work desired	Shift	Salary
1 st choice		
2 nd choice		

Will you Accept Employment Full time? Part time? Temporary?

Are you 16 years of age or older? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

How did you learn of this opening? _____

Education – Circle highest grade completed 8 9 10 11 12 13 14 15 16

Name of School	Location	Courses Taken	Completed	Date	Type of Degree
High School			Y N		
College			Y N		
Tech/Business			Y N		
Professional			Y N		

Scholastic Honors Received _____

Extracurricular activities in school _____

Member of Professional Organizations _____

Volunteer or community Service Honors _____

Were you in the US Armed Forces Yes No If yes, what branch? _____

Dates of duty: From _____ to _____ Rank at discharge _____

Professional licenses and/or Certifications

Type	Organization or State Issued	Date Issued	Number	Verified

Employment Record (list present or last position first)

Present and Former Employers	Dates Employed	Salary Range	Position/Duties
Name			
Address			
City/State/Zip			
Supervisor	Phone		
Name			
Address			
City/State/Zip			
Supervisor	Phone		
Name			
Address			
City/State/Zip			
Supervisor	Phone		
Name			
Address			
City/State/Zip			
Supervisor	Phone		
Name			
Address			
City/State/Zip			
Supervisor	Phone		

(Please inform if any of these references are under a different name _____)

Have you ever been convicted of a crime, including sexual offences? Yes No (Conviction of a criminal offense will not necessarily bar you employment.) If yes, for what, when and where? _____

List at least two personal references not related to you and any other personal information you would like to share with us that would assist in your job placement. _____

Employment Awareness

Wheatcrest Hills does not discriminate in hiring on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability not related to ability to perform the work required.

Should I be employed by Wheatcrest Hills, I understand that my employment is at will, and that either party is free to terminate at any time without cause. I also understand termination could result from any misstatement or omission of fact on this application form.

I voluntarily give Wheatcrest Hills the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical exam, and such future physical examinations as may be required Wheatcrest Hills at such times and places as they shall designate. I understand that an offer of employment will be contingent on passing the physical exam which relates to the essential duties I would be required to perform.

Signature

Date

Primary position desired _____

Would you accept another position? Yes No If so, what? _____

Are you available to work: Weekends Yes No; Holidays Yes No

Do you limit your income due to Social Security? Yes No If yes, please state maximum amount per year. \$_____ If your availability changes, it is your responsibility to inform Wheatcrest Hills.

I understand that emergency conditions may require me to temporarily work shifts other than the one I was hired for and agree to such scheduling change as directed by my supervisor or administrator of Wheatcrest Hills.

Signature

Date

WHEATCREST HILLS USE ONLY

Interviewer _____	Date _____
Comments: _____	

Reference/Employment Contacts

Individual _____	Firm _____
Results of Contact _____	

Individual _____	Firm _____
Results of Contact _____	

This section to be completed only <u>after</u> employment		
Birth Date _____	Marital Status _____	Sex _____
Notify in case of Emergency:		
Name _____	Relationship _____	
Telephone _____	Cell Phone, if applicable _____	