

1301 S. SD Hwy. 37 - Parkston, SD 57366 Phone: (605) 928-7951 - Fax: (605) 928-7952 Toll Free: 800-658-4703 - email: mds@santel.net

Application for Employment

As an equal Opportunity Employer, this organization does not discriminate on the basis of race, color, religion, sex, national origin, age, disability or veteran status. All information provided in this application will be treated confidentially and will be used to help ensure the best use of your abilities if we employ you.

Print Clearly/Complete Fully

Position Applied for	Date of application				
Name	Social Security Number				
Address					
AddressStreet	City	State	Zip		
Home Telephone	Cell	Email			
Are you at least 18 years of a	age? Yes No				
Do you wish to work Full Time Part Time					
Salary Desired	_				
Why do you wish to change	employment?				
Date available to begin work Have you applied at MDS before? Yes No					
Any other commitments to other employers that might affect your employment with us?					
Are you a United States Citiz	zen? Yes No _				
Are you able to perform the with or without reasonable at Yes No		the job for which you a	are applying for		
Have you been convicted of	a felony within the la	st 7 years? Yes	No		

Employment History
It is important that all employers are listed and employment dates are accurate. Indicate present or most recent employer first.

Dates Employed	Name & Address of Employer	Salary	Position	Reason for Leaving	
From To					
Name & Location	Education Dates	Grad Date		Year Completed	
High School					
College/University					
Trade/Business					
General Data List any courses you have taken which you believe related to the position you are applying for					
Job related skills					

References

List name & telephone number of three business/work references who are not related to you and who are not previous supervisors. If not applicable, list three school or personal references who are not related to you.						
May we contact your present employer for a	reference? Yes	No				
Name & Address	Telephone	Years Known				
1. I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.						
2. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in the application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision, and release all parties from all liability for any damage that may result from furnishing same to you.						
3. This application is not a contract & cannot create a contract. I understand that my employment can be terminated with or without cause, at any time, at the discretion of either the company or myself. I understand that no management official has any authority to enter into an agreement contrary to the foregoing or make any oral assurance or promise of continued employment.						
4. I understand this application will be kept in the active files for a period of 60 days from the date indicated below.						
Signature	Date					