

## Watertown/Sisseton, Inc.

205 1st Ave Ne, Watertown, SD 57201 (605) 882-5287

811 4th Ave E, PO Box 27, Sisseton, SD 57262 (605) 698-7511

## **Application for Employment**

Equal Employment Opportunity Employer
"Special accommodations for applications, training, or job information in alternative formats available upon request."

## **Employment Application**

		Appli	cant l	Information
		Appli	Janit i	Date:
ull Name:	Last	First		M.I.
Address:				Apartment/Unit #
	Street Address			Арашнень отк <del>«</del>
	City			State ZIP Code
Phone:				Email
Date Availa	able:			
Position Ap	pplied for:			
Are you a citizen of the United States?		YES	ОИ	YES NO If no, are you authorized to work in the U.S.?
Have you	YES	NO	If yes, when?	
Males born after December 31 <sup>st</sup> , 1959, are required to register with Selective services. Are you registered?		YES	NO	
			Ed	lucation
High Sch	ool:		Addre	988:
From:	To: D	id you g	gradua	YES NO ate?   Diploma:
College:			Addre	ess:

From:	To:	Did you graduate?	YES	00	Degree:				
Other:		Address:							
From:	To:		YES	NO	Degree:				
Please list th	ree professional refer	Refere	ences	esta di	See the Sub-				
					Rel	ationship:			
						Phone:			
-									
Full Name:					Re	lationship:			
Company:						Phone:			
Address:									
Full Name:					Re	elationship:			
Company:						Phone:			
Address:									
		Previous I	Emplo	yment					
Company:						Phone:Supervisor:			
Address:					_	Supervisor			
Job Title:									
Responsibil	lities:								
From:	T	To:			Reason for Leaving:				
May we con	ntact your previous sup	pervisor for a reference?		ES J	NO				
Company						Phone:			
Company: Address:						Supervisor:			
Job Title:									
Responsib	oilities:								
From:		Го:	Re	ason fo	r Leaving:				
May we co	ontact your previous su	upervisor for a reference	?	YES	NO				

Company:	Phone:					
Address:						
Job Title:						
Responsibilities:						
From: To:						
May we contact your previous supervisor for a reference?	YES NO					
Disclaimer a	nd Signature					
Please Read and Sign Below						
I give my consent to any pre-employment physical examination or drug test required by this company after any conditional offer of employment has been made.						
If employed, I understand that my employment is for no definite period of time, and if terminated, the employer is liable only for wages and/or salary earned as of the date of termination.						
I hereby certify that the information given by me is true and complete to the best of my knowledge and belief. I further authorize investigation of all statements I have made. Misrepresentations, falsifications, or omissions of facts called for in this application or in the interview process are cause for cancellation of this application or termination of employment. <b>Unsigned applications will not be considered.</b>						
Applicant's Signature:	Date:					
Authorization for Refere	nce Request (Sign Below)					
I have applied with Community Transit of Watertown/Sisseton, Inc. for employment and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the requested the requested information concerning my employment with your organization, and hereby release you from any and all liability of damages for providing the information requested.						
Applicant's Signature:	Date:					
	., in accordance with state and federal laws, does					

Community Transit of Watertown/Sisseton, Inc. recognized that South Dakota is an employment at-will state and maintains the employment at-will status for all employees.

not discriminate on the basis of religion, sex, age, national origin, disability, or any other

protected group status.