

APPLICATION FOR EMPLOYMENT



431 S. Pierre St.
Pierre, SD 57501
(800) 658-4555

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: Print in black ink or type all answers. Read carefully and fill in items completely. Incomplete applications will not be accepted. Return completed applications directly to Personal Group, Inc., unless otherwise directed.

Application must be postmarked by closing date.

1. NAME _____
Last First Middle

2. MAILING ADDRESS _____
City State Zip

3. TELEPHONE NUMBER () () ()
Home Cell Work

4. E-MAIL ADDRESS _____

5. SOCIAL SECURITY NUMBER _____

6. POSITION(S) OF INTEREST _____

7. Do you have any disability of limitation, which would hinder you in the performance of the duties of the position for which you are applying?

YES NO

If YES, explain: _____

8. What type of employment will you accept?

- Permanent, Full-time Temporary, Full-time
 Permanent, Part-time Temporary, Part-time

9. When could you begin employment?

Now, beginning on _____.

After _____ working days notice to present employer.

10. List names, addresses and phone numbers of three professional references:

1. _____

2. _____

3. _____

11. May we contact your current or most recent employer regarding your qualifications?

YES

NO

EDUCATION AND TRAINING

12. Check last year of education completed.

GED High School VoTech College Masters Doctorate

13. List formal education beginning with the most recent. Include college, high school, vocational or business school, apprenticeship, military training, etc.

Name and address of school _____

Attended from (mo/yr) _____ to _____ Total credit hours _____

Major(s) or course _____

Did you graduate? _____ Type of degree _____

Name and address of school _____

Attended from (mo/yr) _____ to _____ Total credit hours _____

Major(s) or course _____

Did you graduate? _____ Type of degree _____

Name and address of school _____

Attended from (mo/yr) _____ to _____ Total credit hours _____

Major(s) or course _____

Did you graduate? _____ Type of degree _____

14. Use this space to identify any other educational experiences you have had which are pertinent to this position. Include any workshops, seminars, military or vocational training, etc., which are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.)

15. List any relevant certificates, licenses or registrations you possess or are eligible for. Include expiration dates.

WORK HISTORY

16. Begin with your current or most recent position and work backwards. List each promotion as a separate job. Include paid and verifiable non-paid experience, including military service. Be as accurate and complete as possible, especially in describing the duties of each position. If you need more space, use box #17 or attach additional sheets using the same format.

A. Current or Most Recent Position:

Dates of Employment:

From (mo/yr) _____ To (mo/yr) _____ Total yrs _____ Months _____

Job title: _____ Starting salary _____ Last Salary _____

Employer: _____ Type of business: _____

Employer address: _____ Phone: _____

Supervisor's name and title: _____

Number of employees you supervised: _____ Average hrs/week worked: _____

Reason for leaving: _____

Complete description of duties: _____

B. Next Previous Position

Dates of Employment:

From (mo/yr) _____ To (mo/yr) _____ Total yrs _____ Months _____

Job title: _____ Starting salary _____ Last Salary _____

Employer: _____ Type of business: _____

Employer address: _____ Phone: _____

Supervisor's name and title: _____

Number of employees you supervised: _____ Average hrs/week worked: _____

Reason for leaving: _____

Complete description of duties: _____

C. Next Previous Position

Dates of Employment:

From (mo/yr) _____ To (mo/yr) _____ Total yrs _____ Months _____

Job title: _____ Starting salary _____ Last Salary _____

Employer: _____ Type of business: _____

Employer address: _____ Phone: _____

Supervisor's name and title: _____

Number of employees you supervised: _____ Average hrs/week worked: _____

Reason for leaving: _____

Complete description of duties: _____

D. Next Previous Position

Dates of Employment:

From (mo/yr) _____ To (mo/yr) _____ Total yrs _____ Months _____

Job title: _____ Starting salary _____ Last Salary _____

Employer: _____ Type of business: _____

Employer address: _____ Phone: _____

Supervisor's name and title: _____

Number of employees you supervised: _____ Average hrs/week worked: _____

Reason for leaving: _____

Complete description of duties: _____

17. Additional Space: Use this block to complete information given elsewhere on this form. If you still need more space, attach additional sheets. You may use this space to summarize other pertinent education or experience, which qualifies you for the position for which you are applying.

18. **As a part of Personal Group's employment process, we may be checking your background relative to job and personal references, criminal record, and social services record. In order to do that, we must have your authorization.**

The undersigned hereby authorizes Personal Group to obtain any information regarding the social services, work, credit, or criminal history of the undersigned applicant for consideration of employment by Personal Group. The undersigned also understands that misrepresentation or omission of facts called for in the application is cause for cancellation of the application and/or separation from employment.

Signature: _____ **Date:** _____