



PO Box 556 - 8001 W. 5th Street
Bowdle, SD 57428-0556
Phone: 605-285-6146
Fax: 605-285-6410

Application for Employment

PERSONAL INFORMATION:

Date of Application: _____

First Name Last Name Middle Name

Street Address Mailing Address

City State Zip Code

Phone Number Social Security Number

POSITION AVAILABILITY:

Position Applied For: _____

Days/Hours Available: _____ Date Available to Start Work: _____

Monday From _____ to _____

Tuesday From _____ to _____

Wednesday From _____ to _____

Thursday From _____ to _____

Friday From _____ to _____

Saturday From _____ to _____

Sunday From _____ to _____

EDUCATION:

Name and Address of School – Degree/Diploma – Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

REFERRAL:

Were you referred to this job by a current employee? _____ Yes _____ No
If Yes, who? _____

EMPLOYMENT HISTORY:

Have you been employed by BHC in the last seven (7) years? _____ Yes _____ No

Present or Last Position:

Employer: _____ Supervisor _____
Address: _____
Phone: _____ Email: _____
Position Title: _____ From: _____ To: _____
Responsibilities: _____
Salary: _____ Reason for Leaving: _____

Previous Position:

Employer: _____ Supervisor _____
Address: _____
Phone: _____ Email: _____
Position Title: _____ From: _____ To: _____
Responsibilities: _____
Salary: _____ Reason for Leaving: _____

Previous Position:

Employer: _____ Supervisor _____
Address: _____
Phone: _____ Email: _____
Position Title: _____ From: _____ To: _____
Responsibilities: _____
Salary: _____ Reason for Leaving: _____

If you need additional space, please continue on last page of this application.

Are you eligible to work in the United States? _____ Yes _____ No

If you are under age 18, do you have an employment/age certificate? _____ Yes _____ No

Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial.) _____ Yes _____ No

If the answer is yes, furnish details of conviction, offense, location, date and sentence.

In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? _____ Yes _____ No

If the answer is yes, furnish details.

May We Contact Your Present Employer? _____ Yes _____ No

References (Do not use members of your immediate family):

Name/Title/Address/Phone



APPLICANTS ARE CONSIDERED FOR ALL POSITIONS, AND EMPLOYEES ARE TREATED DURING EMPLOYMENT, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER PROHIBITED BASIS OF DISCRIMINATION, AS PROVIDED UNDER APPLICABLE STATE AND FEDERAL LAW. BHC WILL ONLY ACCEPT APPLICATIONS THAT ARE COMPLETE. IF AN APPLICANT SUBMITS ADDITIONAL INFORMATION NOT ASKED FOR ON THE APPLICATION, IT MAY BE CAUSE FOR REJECTION. FEDERAL LAW OBLIGATES US TO PROVIDE A REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS DOING SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT. ALL APPLICATIONS WILL BE KEPT ON FILE FOR ONE (1) YEAR.

I certify that the information contained in this application is true and complete. I understand that false information will result in immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above. I understand that I may be subject to a background check, pre-employment as well as during employment, and I give my consent for the check. **Furthermore, I acknowledge that this application is not a contract of employment. If employed, I will be employed at will.**

I hereby give BHC the right to investigate my past employment, education and activities. I release from all liability all persons, companies and corporations who supply such information. I indemnify BHC against liability that might result from such an investigation.

Signature

Date