

Black Hills Special Service Cooperative

PO Box 218 Sturgis SD 57785 | 737 University Avenue Hot Springs, SD 57747 | 730 East Watertown Rapid City, SD 57701
Application for Employment

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

“Special accommodations for application, training, or job information in alternative formats available upon request”

Position applied for: _____

Name: _____
Last First MI

Mailing Address: _____
Street/Box City State/Zip

Telephone Number: _____
Home Work

Email Address: _____

If hired can you furnish proof that you are 18 years of age? _____

If hired, can you furnish proof that you are eligible to work in the United States? If no, please explain. _____

(If unsure of the documents needed to prove eligibility to work in the US, we will be happy to explain the legal requirements.)

Males born after December 31, 1959 are required to register with the Selective Services. Are you registered with the Selective Services? ___ Yes ___ No

Will you accept:
___ Full-time Employment ___ Part-time Employment ___ Temporary Employment

Has this company ever employed you in the past? If yes, please give dates of employment, positions held, and state your name while employed, if different than present name. _____

If your application is considered favorably, on what date will you be available to work? _____

Many positions within the Black Hills Special Services Cooperative Organization require lifting of up to 50 pounds, are you able to fulfill this duty if your position requires? _____ Yes _____ No

References: List four personal and four professional references. Please do not list any relatives. Providing this information means that you give the organization permission to contact the references listed.

Name	Complete Address	Daytime phone and best time to contact	FAX No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Did any of your previous employers require you to regularly lift up to 50 pounds? _____ Yes _____ No

If yes, Which one(s) _____

Educational History:

School	Name & Address	Course of Study	Did you graduate?	Degree or Diploma
High School:				
Post High School:				
Other:				

Do you have all the licenses and professional certifications listed in the job announcement, job advertisement, or job description, or that are necessary to perform the job(s) for which you are applying? If no, please explain. _____

Use this space to identify any other educational experiences you have had which are *pertinent* to the position for which you applied. Include workshops, seminars, military or vocational training, etc. which are not listed above. Indicate the number of hours involved, number of weeks, and/or number of credits, etc.). _____

Have you ever been convicted of a felony, or released from prison in the past 10 years? Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date and type of job for which you are applying will be considered. If yes, please explain. _____

Work History

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

A. Employer: _____

Type of Business: _____ Dates of Employment: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: _____ Average hours worked per week __ 1-10 __ 11-20 __ 21-30 __ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

Work History Continued:

B. Employer: _____

Type of Business: _____ Dates of Employment: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: _____ Average hours worked per week __ 1-10 __ 11-20 __ 21-30 __ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

C. Employer: _____

Type of Business: _____ Dates of Employment: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: _____ Average hours worked per week __ 1-10 __ 11-20 __ 21-30 __ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

D. Employer: _____

Type of Business: _____ Dates of Employment: _____

Employers Address: _____ Phone: _____

Supervisor's Name and Title: _____

No. of employees you supervised: _____ Average hours worked per week __ 1-10 __ 11-20 __ 21-30 __ 31-40

Reason for Leaving: _____

Complete Description of Duties: _____

Please answer the question below

Do you wish to claim veteran's preference? If yes, DD-214 (separation papers) must be attached. Yes
If you are a disabled veteran, attach current VA disability certification with DD-21 (separation papers) No

State law requires residency in South Dakota to be eligible to receive veteran's preference. Yes
Are you currently a resident of the state of South Dakota? No

Please Read and Sign Below

I give my consent to any pre-employment physical examination 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 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, falsification, or omission of facts called for in this application or in the interview process are cause for cancellation of this application or termination of employment. **Unsigned applications will not be considered.**

Signature: _____ **Date:** _____

Authorization for reference requests (sign below).

I have applied with Black Hills Special Service Cooperative 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 information concerning my employment with your organization, and hereby release you from any and all liability of damages for providing the information requested.

Applicants Signature: _____ **Date:** _____

Black Hills Special Service Cooperative, in accordance with state and federal laws, does not discriminate on the basis of age, race, color, ancestry, national origin, creed, religion, sex, marital status, disability, or any other protected class.

Black Hills Special Service Cooperative recognizes that South Dakota is an employment at-will state and maintains the employment at-will status for all employees.

Please contact the BHSSC department advertising this position to determine if you must also complete the following form as part of your application:

SEX OFFENDER REGISTRY CHECK

South Dakota Codified Law 26-6-14.10 26-6-14.11 do not allow an individual whose name appears on the sex offender registry to work, provide care, or reside in a child welfare agency. In order to assure compliance with this requirement, all licensed child welfare agencies or registered child care providers must determine if an applicant or resident's name is listed on the Sex Offender Registry. The Registry check is performed prior to the individual having contact with children in the agency or home. This form may provide documentation of the Registry check.

The Sex Offender Registry is located on the internet at <https://sor.sd.gov/> or the information may be obtained from the local sheriff or police department.

Name of Individual: _____

Other names used by Individual: _____

Address: _____ **City:** _____

County: _____ **Zip Code:** _____

FOR OFFICE USE ONLY:

Name and Title of Person checking the Sex Offender Registry:

Name (Print)

Title

Results of the Sex Offender Registry Check:

Name appeared on the Sex Offender Registry

Name did not appear on the Sex Offender Registry

Date of check: _____

Signature of person completing check: _____

NOTE: File this form in the individual's personnel or family licensing record.