

APPLICATION FOR EMPLOYMENT AT



Please fill out this application using Adobe Reader, or print and fill out in pen and submit your completed application via email, fax, mail to PO Box 1841, or in person.

3900 W. 34TH STREET NORTH • PO BOX 1841 • SIOUX FALLS, SD 57101-1841
 605-336-3080 • FAX 605-336-3043 • 1-800-353-3080
 www.tsf.com

An Equal Opportunity Employer. Reasonable accommodation will be provided as required by law.

Last Name	First Name	Middle Initial	Social Security Number
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Street Address	City/State	Zip Code	Phone Number	Email
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If hired, can you provide evidence of legal eligibility to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any offer of employment is conditioned upon completing form I-9 and providing appropriate documents for identity and work authorization.
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Position Desired	Wage/Salary Desired:	Full Time? <input type="checkbox"/>	Part Time? <input type="checkbox"/>
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Date you can begin work?	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18 years of age, you will be required to submit a birth certificate as required by state or federal law.
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Name of high school attended:	City/State	Graduate?	GED?
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Name of college or technical school:	City/State	Degree?	Major:
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Are you presently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name & address of school and expected degree date:
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Have you ever been convicted of a Felony or agreed to a Suspended Imposition? If yes, please explain.

-YOUR AVAILABILITY FOR WORK-

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total hours per week available:	Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any special requests or needs for a work schedule?
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-REFERENCES-

-Provide Three References Who Are Not Former Employers Who We May Contact-

Name and Occupation	How do you know them, and for how long?	Phone Number

-YOUR EMPLOYMENT HISTORY-

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Past employers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Name of Employer:	Job Title:	Dates of Employment:	
		From:	To:
Address:	City, State, Zip Code	Duties:	
Supervisor:	Telephone:	Reason for Leaving:	Starting Pay: Ending Pay:

Name of Employer:	Job Title:	Dates of Employment:	
		From:	To:
Address:	City, State, Zip Code	Duties:	
Supervisor:	Telephone:	Reason for Leaving:	Starting Pay: Ending Pay:

Name of Employer:	Job Title:	Dates of Employment:	
		From:	To:
Address:	City, State, Zip Code	Duties:	
Supervisor:	Telephone:	Reason for Leaving:	Starting Pay: Ending Pay:

Describe any job-related training received.

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner; with or without a reasonable accommodation, the activities involved in the job for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES NO

Authorization:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such is specifically acknowledged in writing by an authorized executive of this organization.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant and state laws."

Signature

Date