



4709 East 6th St
 Sioux Falls, SD 57110
 (605) 271-9273
 Fax (605) 271-9274
 www.washingtoncrossingrc.com

APPLICATION FOR EMPLOYMENT
Pre-employment questionnaire
Equal opportunity employer

Personal Information (Please Print)

Date _____

Last Name First Middle Social Security Number

Address City State Zip

Phone Number(s) Best Time to Contact You

Position(s) Desired Referred By

Date Available to Start Salary Desired

Have you ever been convicted of a violent crime? Yes No (If yes) Explain _____

Are you at least 18 yrs old? _____

Have you ever been employed by us before? Yes No (if yes) When? _____

Are you currently employed? Yes No May we contact your present employer? _____

Education

Name/ Location of School Years Graduate? Courses Studied

Grammar School				
High School				
College				
Other				

General Information

Subjects of study, specialized training, skills and volunteer work: _____

United States Military service training: _____

Specialized Skills/ Equipment Operated: Keyboarding WPM _____ 10 Key
 Word Processing Spreadsheet Other _____

Employment Experience (Please start with you present or last job)

Employment Dates	Name & Address	Salary	Title	Work Performed	Reason for Leaving
To:					
From:					
To:					
From:					
To:					
From:					
To:					
From:					

References (Please list three people, not related to you, who have known you at least one year)

Name & Address	Phone	Business	Years Known	(Office Use Only) Remarks

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.

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

Applicant Signature _____

Date _____

Policy requires a background check to be done on all perspective employees. I give my permission to Washington Crossing to do a background check as a condition of employment.

Signature _____

Date _____

-----DO NOT WRITE BELOW THIS LINE-----
 Interviewed by _____ Date _____
 Remarks/Notes: _____

Hired _____ Department _____ Position _____
 Salary/ Wages _____ Will Report to _____ Start Date _____