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

Email Address 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 your 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 _____

REV. 9/2026