

APPLICATION FOR EMPLOYMENT AT SODAK SPORTS

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Personal Information

Last Name _____ First Name _____ M.I. _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone _____ Social Security # _____

Position applying for _____
Available start date _____ Desired Wage \$ _____
Are you looking for full-time employment? Yes No
If no, days/hours available _____

Education

High School _____ Address _____
From _____ To _____ Did you graduate? Yes No Degree _____
College _____ Address _____
From _____ To _____ Did you graduate? Yes No Degree _____
Other _____ Address _____
From _____ To _____ Did you graduate? Yes No Degree _____

Employment History

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____
May we contact them? Yes No If no, why? _____
Responsibilities _____

Reason for leaving _____

Employment History Cont.

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____
May we contact them? Yes No If no, why? _____
Responsibilities _____

Reason for leaving _____

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____
May we contact them? Yes No If no, why? _____
Responsibilities _____

Reason for leaving _____

Attach additional information if necessary. (i.e. Resume)

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the corporate officers, has any authority to alter the foregoing.

Signature _____ Date _____