

A-G-E Corporation
 PO Box 697
 Fort Pierre, SD 57532-0697

Application for Employment

(PLEASE PRINT)

Position(s) Applied For			Date for Application		
Last Name		First Name		Middle Name	
Address		City	State	Zip code	
Telephone Number(s)			Social Security Number		

Education

	Elementary School					High School					Undergraduate College/University				Graduate/Professional			
School Name and Location																		
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4	
Diploma/Degree																		
Describe Course of Study																		

Employment

Name & Address of Employer		Kind of Work Done		Reason for Leaving		Dates	
1.							
2.							
3.							
Have You Had A Physical Examination In The Past 5 Years? Yes No			Give Reason for Examination			Year of Physical?	
Will you Abide by the Safety Rules Of This Company? Yes No			If Injured, Will You Immediately Report It To Your Superintendent And Accept Medical Facilities Recommended By Your Employer? Yes No				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed this calendar year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Can you travel if job requires it? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment

Signature of Applicant

Date

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require reports on the sex, ethnicity, handicap, veteran and other protected status employees. This data is for statistical analysis with respect to the success of the affirmative action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Current Job	
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age
Check One Of The Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander	
Check If Any Of The Following Are Applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual	

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER