



2740 Haines Ave,  
Rapid City, SD 57701  
(605) 787-7473

Please Complete & Email to  
pdi@midconetwork.com

# Employment Application

Pre-employment Questionnaire

## PERSONAL INFORMATION

DATE

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
PHONE NO.	REFERRED BY	DRIVERS LICENSE NUMBER	

## EMPLOYMENT DESIRED

POSITION	POSSIBLE START DATE	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILLING TO TRAVEL/STAY OUT OF TOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> POSSIBLE _____ WHERE	

## EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
TRADE, BUSINESS, CORRESPONDENCE SCHOOL OR COLLEGE			

## GENERAL INFORMATION

JOURNEYMAN LICENSE #	DATE RECEIVED
APPRENTICE LICENSE #	DATE RECEIVED
SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
ADDITIONAL LICENSES	
US MILITARY OR NAVAL SERVICE	RANK

HAVE YOU EVER PLEADED GUILTY, NO CONTEST, OR BEEN CONVICTED OF A CRIME, DUI OR FELONY? IF YES, GIVE DATES AND DETAILS: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ WHEN

**FORMER EMPLOYERS**

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

**DESCRIPTION OF PAST WORK**

POSITION	WORK ITEMS

**REFERENCES**

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**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 or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ INTERVIEWED BY \_\_\_\_\_