

Highmark Erectors, Inc.

EMPLOYMENT APPLICATION

P.O. Box 491
Black Hawk, SD 57718
(605) 718-7424

PLEASE PRINT

DATE: _____
POSITION APPLIED FOR: _____

*Programs, services and employment are available equally to everyone.
Please inform the Human Resources Department if you require
reasonable accomodation for the application or interview.*

REFERRED BY: _____

APPLICANT DATA

Full Name: _____
LAST FIRST MIDDLE

Address: _____
CITY STATE ZIP

Phone: _____

Date available to start: _____ Are you a veteran? Yes No

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No If not, do you have work papers? Yes No

Type of employment desired: Full-time Part Time Temporary Seasonal

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, give dates and details: _____

*Answering yes to these questions does not constitute an Automatic rejection to employment.
Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for
will be considered.*

Driver's License Number (if applicable to position): _____ State _____

EDUCATION

High School _____ Address _____

of Years Completed: _____ Did you graduate? Yes No Degree _____

Major: _____ GPA _____

College/University _____ Address _____

of Years Completed: _____ Did you graduate? Yes No Degree _____

Major: _____ GPA _____

Other: _____ Address _____

of Years Completed: _____ Did you graduate? Yes No Degree _____

Major: _____ GPA _____

REFERENCES

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed.

Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS

Include machinery you can operate, specific experience and any special training you may have.

PREVIOUS EMPLOYMENT (begin with the most recent position)

Dates of Employment: From / / To / / Position(s) Held _____
Firm _____ Address _____
Phone () _____ Supervisor _____ Title _____
Responsibilities _____

Starting Salary and Title _____ Ending Salary and Title _____
Reason for Leaving _____
May we contact this employer for a reference? Yes No

Dates of Employment: From / / To / / Position(s) Held _____
Firm _____ Address _____
Phone () _____ Supervisor _____ Title _____
Responsibilities _____

Starting Salary and Title _____ Ending Salary and Title _____
Reason for Leaving _____
May we contact this employer for a reference? Yes No

Dates of Employment: From / / To / / Position(s) Held _____
Firm _____ Address _____
Phone () _____ Supervisor _____ Title _____
Responsibilities _____

Starting Salary and Title _____ Ending Salary and Title _____
Reason for Leaving _____
May we contact this employer for a reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant _____ Date _____