

West River Eagle

108 South Main Street • PO Box 210 • Eagle Butte, SD 57625
605-765-2464 • Fax 605-765-2465



Application For Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last _____ First _____ Middle _____

Present Address: _____

Email Address: _____

Social Security Number: _____ Telephone: _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Do you have any physical condition which may limit your ability to perform the particular job for which you are applying?

2. Have you had a recent or past illness or operations which might hinder your ability to perform the duties of the job for which you are applying?

3. Do you have any hobby(s) that has/have a direct bearing on the job for which you are applying?

4. Have you ever been convicted of a felony? () Yes () No If yes, please explain:

II. Educational History:

School Name/Location	Years Completed	Degree/Diploma
High School: _____		
College: _____		
Tech. Training: _____		
Other: _____		

III. Employment Record *(Please include all employment for the last five years)*

1. _____
Company Name (Current or Most Recent Employer) Position Held _____

_____ Dates Employed: _____
Address From To

_____ _____
Manager / Supervisor Telephone Wage/Salary

Reason For Leaving _____

May we contact: () Yes () No If not, why? _____

2. _____
Company Name (Current or Most Recent Employer) Position Held _____

_____ Dates Employed: _____
Address From To

_____ _____
Manager / Supervisor Telephone Wage/Salary

Reason For Leaving _____

May we contact: () Yes () No If not, why? _____

3. _____
Company Name (Current or Most Recent Employer) Position Held _____

_____ Dates Employed: _____
Address From To

_____ _____
Manager / Supervisor Telephone Wage/Salary

Reason For Leaving _____

May we contact: () Yes () No If not, why? _____

IV. Work Availability:

1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime? () Yes () No

3. Can you work overtime without prior notice? () Yes () No

4. Can you work on Saturdays? () Yes () No

5. Can you work on Sundays? () Yes () No

6. Can you travel if required by this position? () Yes () No

V. Driving Information:

1. Do you have a valid driver's license? () Yes () No

2. Do you have a personal vehicle? () Yes () No

a. Make: _____ Model: _____ Year: _____

3. Do you have automobile insurance? () Yes () No

4. Has your auto insurance ever been cancelled? () Yes () No

5. Any moving violations within the past three years? () Yes () No

6. Vehicles you are qualified to operate: () Passenger car () Light truck () Heavy truck

() Other: Explain: _____

VI. Miscellaneous Information:

1. Do you touch type? () Yes () No If yes, WPM: _____

2. Do you have computer experience? () Yes () No

a. If yes, _____ Windows _____ Apple Macintosh

List software programs you are qualified to use: _____

3. Do you operate a printing press? () Yes () No

a. If yes, describe experience: _____

4. Are you experienced with any other printing production? () Yes () No

a. If yes, list: _____

6. Have you ever served in the U.S. Armed Forces? () Yes () No

a. If yes, which branch: _____ What years: _____

b. What was your job in the military? _____

c. Are you currently in the Reserves or the Guard? () Yes () No

VIII. Salary/Hourly Rate Requirements:

If your application receives favorable consideration. what salary/hourly rate would you require?

\$ _____ per _____

IX. Certification:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand and agree that my employment is for no definite period, and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

I hereby authorize a representative of the Mobridge Tribune to conduct an investigative consumer report on me, as defined in Public Law 91-508, and I understand that such a report may include information as to my character, general reputation, personal characteristics and mode of living. If this application is considered favorably, I agree to abide by, and comply with, all the rules of this organization.

DATE: _____ SIGNATURE: _____

• DO NOT WRITE BELOW THIS LINE •

Interviewed by: _____ Date: _____

Typing test score: _____ Other tests given: _____ Score: _____

Department: _____

Job Classification: _____

Date placed on payroll: _____

Salary: _____