



DAKOTA PUMP INC.

The Total Solution

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APPLICATION FOR EMPLOYMENT

Date _____

PERSONAL INFORMATION

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

PHONE NO _____ SOCIAL SECURITY NO _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYEED NOW _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER _____

EVER APPLIED WITH THIS COMPANY BEFORE _____ WHEN _____ REFERRED BY _____

EDUCATION

	NAME & LOCATION	YEARS ATTENDED	DATES GRADUATED	SUBJECTS STUDIED
GRAMMER				
HIGH SCHOOL				
COLLEGE				
TRADE				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

US MILITARY _____ RANK _____ PRESENT MEMBER OF ARMED FORCES _____

OTHER ACTIVITIES _____

NOTIFY INCASE OF AN EMERGENCY

NAME	ADDRESS	PHONE

FORMER EMPLOYMENT

DATES	NAME & ADDRESS	SALARY	POSITION	REASON FOR LEAVING

REFERENCES

Give the names of at (3) persons not related to you, whom you have known at least one year

NAME	ADDRESS	PHONE	YEARS ACQUAINTED

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, 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 ANY PREVIOUS NOTICE.

DATE _____ PRINTED NAME _____ SIGNATURE _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, OR NATIONAL ORIGIN.

DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED DAY EMPLOYMENT BEGINS

HEIGHT _____ WEIGHT _____ AGE _____ SEX _____ DATE OF BIRTH _____

SINGLE _____ MARRIED _____ WIDOWED _____ CITIZEN OF USA _____

THE ABOVE INFORMATION NEEDED FOR PENSION, HOSPITALIZATION INSURANCE, ETC AND NOT FOR HIRING PURPOSES

INTERVIEWED BY _____ DATE _____ REMARKS _____

NEATNESS _____ CHARACTER/PERSONALITY _____ ABILITY _____

HIRED _____ FOR DEPT _____ POSITION _____ WILL REPORT _____ SALARY/WAGE _____

APPROVED BY _____ DATE _____