



Smokejumper Station
 620 Main Street
 Rapid City, SD 57702
 605-716-Wine

EMPLOYMENT APPLICATION

Position(s) applying for: _____ Date of Application: _____

Applicant Information

Name: _____

Address: _____ / _____ / _____

Telephone: _____ Cell Phone: _____ Email: _____

Are you over 21? ----- Yes ___ NO ___

Have you ever been employed here before? ----- Yes ___ NO ___

Are you legally eligible for employment in the United States? ----- Yes ___ NO ___

Date available to start work ----- ___/___/___ Pay expected ----- _____

Type of employment desired Full-Time ___ Part-time ___ Seasonal ___

Are you able to make the attendance requirements for the position you are applying for? ----- Yes ___ NO ___

Have you served a minor alcohol in the last 12 months? ----- Yes ___ NO ___

Have you been convicted of a crime in the last seven (7) years? ----- Yes ___ NO ___

If yes, please explain: _____

Education

Grade School: _____ Address: _____

High School: _____ Address: _____

College: _____ Address: _____

Other Institution: _____ Address: _____

Did you graduate? Yes ___ NO ___ Yes ___ NO ___ Yes ___ NO ___ Yes ___ NO ___

References

Please list name, address, phone numbers and relationship.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Employment History

Please give accurate and complete full-time and part-time employment record. Start with your present or most recent.

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

I certify that the 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 45 days. 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. I hereby understand acknowledgment that unless otherwise defined by applicable law, any employment relationship with this organization is "at will" in nature, which means that the *Employee* may resign at any time and the *Employer* may discharge *Employee* at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such is specifically acknowledged in writing by an authorized executive of this organization. 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*.

Signature of Applicant

Date

