

LUTTRELL KENNELS
906 1st AVE WEST -- PO BOX 89
Clark, SD 57225
Phone/Fax: (605)532-4142 Cell: (605)237-9189

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: All job applicants must complete the following form before being employed. Please print in ink or type all answers. Photocopies are acceptable. You are welcome to attach a résumé.

“Equal Opportunity Employer”

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I further understand that, if hired, my employment is at-will and can be terminated at any time, with or without notice, for any reason.

PERSONAL

PLEASE PRINT

Position Applied For: _____ Date: _____

Name:

Last First MI Social Security Number

Current Street Address City State Zip

Phone: Home () _____ Work () _____ Cell () _____

Are you legally authorized to work in the United States? Yes ___ No ___

This position requires driving, do you have a valid driver's license? Yes ___ No ___

If yes, please list your driver's license number. State: _____ Number: _____

EDUCATION/TRAINING

Do you have a high school diploma or GED? Yes ___ No ___

Please circle highest year of education completed: 8 9 10 11 12 13 14 15 16 17 18 19 20

Please list high school, college or vocational institution attended; first to last attended.

| Name/Address | Major | Degree Received |
|--------------|-------|-----------------|
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Please list any other training or special skills that may be applicable to your consideration as a job applicant.

WORK HISTORY

Start with your present or most recent employment. Include any job-related military service assignments and volunteer activities.

Are you willing to have your present or most recent employer contacted regarding qualifications?

Yes _____ No _____

| | | | | | | |
|----------|---|---------------|-------------|---------------------------|------------|--|
| | Company Name | | | | | Telephone () |
| | Address | Street | City | State | Zip | Employed (State Month/Year) From To |
| 1 | Name of Supervisor | | | Supervisor's Title | | Salary or Hourly Pay Start Last |
| | State Job Title and Describe Your Work | | | | | Reason for Leaving |
| | Company Name | | | | | Telephone () |
| | Address | Street | City | State | Zip | Employed (State Month/Year) From To |
| 2 | Name of Supervisor | | | Supervisor's Title | | Salary or Hourly Pay Start Last |
| | State Job Title and Describe Your Work | | | | | Reason for Leaving |
| | Company Name | | | | | Telephone () |
| | Address | Street | City | State | Zip | Employed (State Month/Year) From To |
| 3 | Name of Supervisor | | | Supervisor's Title | | Salary or Hourly Pay Start Last |
| | State Job Title and Describe Your Work | | | | | Reason for Leaving |
| | Company Name | | | | | Telephone () |
| | Address | Street | City | State | Zip | Employed (State Month/Year) From To |
| 4 | Name of Supervisor | | | Supervisor's Title | | Salary or Hourly Pay Start Last |
| | State Job Title and Describe Your Work | | | | | Reason for Leaving |

(You may attach additional sheets as needed.)

REFERENCES (other than listed on page 3)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____ (daytime hours)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____ (daytime hours)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____ (daytime hours)

Are you at least age 18? Yes _____ No _____ If not, what is your age? _____

Have you been convicted in a court of law? Yes _____ No _____

List below any violations, other than minor traffic offenses, for which you were convicted. **One or more convictions will not necessarily disqualify you from employment. The decision will be based on a number of factors such as the duties of the job for which you are being considered, the seriousness of the offense of which you were convicted, your age at the time of the offense, rehabilitation efforts, the recency of the offense, etc.** Please be complete. All information is subject to verification. Failure to disclose convictions may result in disqualification.

| OFFENSE | PLACE | DATE | DISPOSITION (Sentence) |
|---------|-------|------|------------------------|
|---------|-------|------|------------------------|

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AUTHORIZATION FOR RELEASE OF INFORMATION

As part of the employment process, we may be checking your background relative to job and personal references, criminal record, and social services record. In order to do that, we must have your authorization.

The undersigned hereby authorizes any state department of social services and any police department, to obtain and/or release any and all information regarding the social services, work, credit, DOT mandated drug/alcohol testing if applicable, or criminal history of the undersigned applicant for consideration for employment. The undersigned also understands that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from employment.

 Applicant Signature

 Date